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AUTHOR Branch, Alvia; And Others
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ABSTRACT

This six-chapter document constitutes the final implementation report of Project Redirection, a demonstration of a comprehensive program designed to provide a range of services to adolescents who are pregnant or have children. Following an introductory chapter, chapter II examines characteristics of the four sites where programs were set up to recruit teens and to maintain enrollment levels throughout the demonstration, and describes the structure of the program, as defined by staffing levels and service linkage. Chapter III deals with the capacity of the sites to maintain and strengthen the key elements of the program model, and describes how the program attempted to bring about change in teens' behavior. Chapter IV presents the "community woman" component, a volunteer service described as the most innovative of the program's features. Chapter V examines the effectiveness of sites in scheduling services for teens and how intensively participants utilized these services, and also discusses length of stay and other issues of participation. The chapter concludes with an analysis of program costs, focusing on unit costs and the costs of site operations. Finally, chapter VI summarizes the key implementation lessons and their implications for replicating Project Redirection. Appendices provide an account of the experiences of two of the sites (Boston and Detroit), a sample individual participant plan, and a bibliography. (CMG)

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MANPOWER DEMONSTRATION
RESEARCH CORPORATION

BUILDING SELF-SUFFICIENCY IN PREGNANT AND PARENTING TEENS

Final Implementation Report of Project Redirection

ALVIA BRANCH
JAMES RICCIO
JANET QUINT

APRIL 1984

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BUILDING SELF-SUFFICIENCY IN PREGNANT AND PARENTING TEENS: THE IMPLEMENTATION OF PROJECT REDIRECTION

Alvia Branch
James Riccio
Janet Quint

Manpower Demonstration
Research Corporation

April 1984

This report was prepared by the Manpower Demonstration Research Corporation as part of its responsibility to oversee and carry out research on the Project Redirection demonstration. Funding for this project was provided by the Office of the Work Incentive Program, the Office of Youth Programs, and the Office of Policy Evaluation and Research of the U.S Department of Labor under Grant No. 52-36-80-01; and by the Office of National Affairs of the Ford Foundation. The community woman study in this report was carried out with supplementary funding from the William T. Grant Foundation.

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PRESIDENT'S STATEMENT

The phenomenon of pregnancy and parenting among adolescents, while not new, has been the subject of increased national concern. This concern has focused on the social implications of early sexual activity, on the consequences of teenage childbearing for both the young mother and her child and, increasingly, on the resulting economic burdens to society. This last is one of particular importance as more is understood about patterns of welfare dependency and the characteristics of individuals who, once on welfare, are likely to become long-term recipients. Teenage mothers are one group clearly at risk of such long-term dependency.

The Manpower Demonstration Research Corporation (MDRC) has been able to contribute to the understanding of service delivery for this important target group through Project Redirection, a demonstration program which has provided comprehensive services to some 900 low-income pregnant and parenting teens since 1980. This report, the final implementation report of the demonstration, provides insights into the complexity of serving this group of adolescents. While the challenges are formidable, the Project Redirection experience suggests that they are ones that can be successfully met.

MDRC is encouraged by its experience in implementing Project Redirection and enlightened by the findings of the initial impact analysis published in 1983. While conclusions on the program's effectiveness must await completion of the final impact report, the model appears to be a promising approach for providing services and encouraging teens to focus on long-term goals.

PREFACE

Project Redirection is an innovative program model for delivering services to a population of low-income teenagers who are either pregnant or the mothers of young children. Differentiating this program from many others serving this group is the fact that its services are comprehensive, seeking to enhance the teens' educational, job-related and life management skills, while at the same time encouraging these young people to delay further pregnancies until they have become more self-sufficient.

Despite the growing concern in this country about the escalating rate of teenage pregnancy, our knowledge about the problem and the effectiveness of new programs attempting to assist the young women remains extremely limited. Consequently, Project Redirection was implemented as a research demonstration to learn more about program design and effectiveness.

At the program's inception in 1980, it had the strong backing of the national office of the Work Incentive Program (WIN), where the then director, Merwin Hans, saw an opportunity to work with and learn more about a young population among whom many seemed destined for long-term welfare dependency. The Offices of Youth Programs and of Policy Evaluation and Research at the U.S. Department of Labor also supported this goal and the program. At the same time, the Ford Foundation, another principal funder, had identified teenage pregnancy as one of its foremost priorities in the coming years. A conference of concerned community leaders and the foundation's own involvement with a promising program which worked with this population had convinced the staff of the problem's urgency and the need for more knowledge.

Project Redirection's research has three related components: (1) an impact analysis, which measures whether program participation had an effect on the teens' behavior in several key areas: education, delay of subsequent pregnancy, knowledge of the work world, life management skills, and maternal and child health; (2) an implementation and cost analysis, focusing on the feasibility and cost of the program, its administration and operational experience; and (3) an ethnographic study, which explores the ways in which participants are influenced by their background and life circumstances.

This report is the final implementation report. While it draws on the entire demonstration, it focuses on 1982 operations, after the initial period of program start-up. In describing the background characteristics of the teens and the types of services provided to them, the report spells out both the challenges facing program staff and their considerable accomplisments.

Particularly instructive in this report is the program's effort to help teens use the services effectively. One of their goals was to instill in these teens a growing sense of self-esteem, a quality judged essential not only for service utilization, but also for the teen's own eventual attainment of self-sufficiency. The use of another technique -- the community woman component -- is described in a separate chapter of this report. This study, carried out with supplementary funding from the W. T. Grant Foundation, describes how older women from the community who volunteered to be paired with the teens provided support and assistance. The study concludes that these women formed an essential part of the program's treatment, and the data describing their characteristics and role

in the program may be of help to other program practitioners wishing to replicate this concept.

This implementation study speaks to the overall feasibility of the program model and its adaptation by different program operators. A conclusion on its success, however, will come from the impact study, which compares the behavior of a sample of approximately 450 Project Redirection participants with that of a matched group of non-participants residing in communities not served by the program. Interim results from that study suggest that participants benefited across a broad range of outcomes from their experience in the program. Of critical concern is whether these short-term benefits will continue after participants leave the program. That will be the subject of the final impact report to be published in late 1984. At that time, it will be possible to state with some confidence whether Project Redirection succeeded in doing what it set out to accomplish: through the provision of needed services, to help teens redirect their lives to become responsible parents and educated young adults, capable of supporting themselves and their children.

Judith M. Gueron

Executive Vice President

EXECUTIVE SUMMARY

Project Redirection is a comprehensive program designed to provide a wide range of services to adolescents who are pregnant or have children. To be eligible for the program, a young woman must be 17 years or younger, not yet have a high school diploma or an equivalency degree, and be receiving (or eligible to receive) Aid to Families with Dependent Children (AFDC). The program's purpose is to link these young women, a group at high risk to long-term welfare dependency, to a variety of services in support of the program's goals: continued schooling, the acquisition of employment-related skills, delay of subsequent pregnancy, and, ultimately, personal and economic self-sufficiency.

One distinctive aspect of Project Redirection is the comprehensive nature of the services, which include educational, health, employability family planning, parenting and other life management activities. Another innovative feature is the community woman component, in which a group of paid volunteers who are drawn from the local communities act as primary supports to the teens and help them achieve short-term goals. Program staff, along with community women and the participants themselves, develop Individual Participant Plans (IPPs), which specify the teens' schedules for schooling, child care, and other activities that help them to attain program objectives.

Project Redirection has been implemented as a demonstration over the last three and one-half years in four areas of the country: Boston, Massachusetts; New York City (Harlem), New York; Phoenix, Arizona; and

Riverside, California. These local programs have been operated by community organizations familiar with the problems of this group: El Centro del Cardinal in Boston, the Harlem YMCA in New York, the Chicanos Por La Causa in Phoenix, and the Children's Home Society in Riverside. Overall management responsibility for the demonstration and the research effort rests with the Manpower Demonstration Research Corporation (MDRC), a nonprofit corporation that develops and evaluates social programs designed to assist the economically disadvantaged.

The effectiveness of the program model is being assessed from several perspectives in the extensive research effort associated with the program. This is the second of two reports from the implementation analysis. The first focused on the early period of program operations (mid-1980 through December 1981), as the sites organized their staffing patterns, coordinated arrangements with referral sources and service providers, and began delivering services to participants. This report examines both the challenges and the accomplishments of the second phase in program operations during 1982, a period of greater operational stability. A special concern of this report is to provide a description of the Project Redirection treatment -- its key components, how it was delivered during Phase II, and how it was received and used by Project Redirection enrollees.

The sections that follow highlight the findings of this report.

I. Service Provision

- Project Redirection has continued to recruit and serve a target population greatly in need of intervention. The enrollees are a multi-problem group of young women faced with severe economic, social and educational deficits.

- Through a combination of direct service provision and the brokering of existing services, Project Redirection continued in Phase II to demonstrate the feasibility of serving pregnant and parenting teens in a comprehensive manner. While the Redirection model had mandated that, where possible, existing services be used, program operators found it necessary to undertake more direct service provision than had been anticipated, primarily because the supply of outside services was either inadequate or inappropriate. There were, for instance, relatively few educational resources for participants with severe deficits, or employment-related activities for participants under 16 years of age.

- Project Redirection provided these services at a cost of $3,893 per service year -- the cost of maintaining one participant in the program for a full year.

II. The Project Redirection Treatment

- The treatment in Project Redirection is a combination of services and close relationships in which the teens participate with caring adults. In the provision of these services and supports, Project Redirection seeks both to bring immediate benefits to the participants and their children, and to influence participants to adopt the attitudes and behaviors essential to meeting program objectives.

- An important element in the Project Redirection treatment is the emotional climate of the program. Program staff have found it important to create a warm and supportive environment in which participants feel free to share problems with each other and with the adults in the program. At the same time, Project Redirection staff try to balance this support by emphasizing the development of independent behavior. Within this context, program staff believe it extremely important to cultivate self-esteem, seeing it as key to program participation, service utilization and the attainment of program objectives.

- The importance of education is repeatedly articulated by Project Redirection staff. Teens are given the encouragement and support necessary to reach the decision to re-enroll in school and to attend regularly enough to earn a high school diploma. Education has been urged not because of its intrinsic value, but because it is seen as the first step toward gainful employment.

- Project Redirection staff and community women have accepted the teens' sexual activity as a given, and have concentrated their efforts on counseling participants to be responsible in their contraceptive behavior. Project Redirection attempts to

convey the importance of family planning and the delay of subsequent pregnancy in two ways. Through classes, films and workshops, participants are taught the technical aspects of contraception; through staff counseling and interaction with community women, they are taught the consequences of their choices.

- There has been an evolution in Project Redirection policy on how to instruct teens on birth control use. In the early stages of the demonstration, program staff believed they could approach this goal indirectly, by improving participants' self-esteem and setting up aspirations that could serve as alternatives to sexual expression. The reformulation of this strategy came in response to a number of subsequent pregnancies. As a result, program staff moved to strengthen their direction and requirements in this area.

- Program staff are sensitive to the fact that this target group is at high risk to long-term welfare dependency. Consequently, staff have developed a series of employment-related activities designed to orient participants toward vocational experiences that will permit them to support themselves and their children after a relatively short period of training.

III. Scheduling and Participation in Program Activities

- Responding to Phase II guidelines developed by MDRC to assist them in improving the delivery of program services, Project Redirection sites were successful in scheduling the majority of enrollees for services in the areas of health care (95 percent for teens and 84 percent for their infants), education (80 percent), employment-related activities (82 percent), life management workshops (94 percent), and family planning (71 percent).

- Participation was highest for medical care: 90 percent of the teens kept at least one appointment. Attendance rates were lower for employment-related activities (71 percent), education (73 percent), life management (88 percent), and family planning (64 percent).

- There appear to have been a number of factors that influenced the level at which teens participated in the program. The $30 per month participant stipend was one incentive, but equally important, if not more so, were the services and personal relationships available to enrollees. An important constraint on active participation for many teens was the difficulty of their life circumstances, which limited their ability to take full advantage of activities. Teens appear to have utilized the program on an "as needed" basis, fitting it in when the responsibilities of motherhood and their intricate family and

personal relationships permitted its use.

- In spite of the family planning information to which they were exposed, Project Redirection teens remained inconsistent users of contraception. Among the factors found to affect their behavior were the clandestine and sporadic nature of their sexual behavior, fears about the side effects of oral contraceptives, and the influence of their sexual partners. Of these factors, the influence of boyfriends was particularly important in understanding subsequent pregnancies. These often resulted because a new boyfriend either disapproved of contraception or, more explicitly, wanted the teen to have his child.

IV. Community Women

- Project Redirection's community woman component has demonstrated that women from low-income and disadvantaged communities are both willing and able to volunteer their time and services in an effective manner on behalf of other members of these same communities.

- No single profile of a successful community woman has been found in this study. Community women are a diverse group -- varying in age, race, education, marital status and employment history.

- Community women have performed a wide range of responsibilities for the program and for the participants with whom they are paired. They serve as confidantes and role models for their participants; assist them in problem solving; reinforce program objectives; provide instruction; monitor participants' progress; and extend staff resources. Because community women have been able to enter the lives of the teens and their families in a manner often denied professional staff, Project Redirection has had access to a wide range of information which has been helpful to staff in making decisions about the teens.

- Community women have played a special role in articulating program objectives in terms that are meaningful for the life circumstances of the participants. They have also been helpful in demonstrating life management skills, particularly in the area of parenting. By watching community women as they care for their own children, Project Redirection participants have been able to observe a practical application of the parenting skills they have been taught.

- While it is probably not necessary that community women reside in the same geographic communities as their participants (although this facilitates matching and subsequent inter-

action), it does seem important that they have in common a shared body of experiences. Women who are from different ethnic or socioeconomic backgrounds have had difficulty comprehending the life circumstances of their participants.

- While the community woman component was largely implemented without problems, its success cannot be taken for granted. Particular attention must be paid to maintaining a stable core of women. The most successful programs developed an explicit system of both tangible and non-tangible rewards. Among the incentives to which the women responded were opportunities for social interaction, learning and advancement, and invitations to attend cultural and recreational events.

- The data suggest that the community woman concept is compatible with a number of payment or reimbursement structures. Over the course of the demonstration, sites have successfully used community women as "paid volunteers" -- e.g., women who were reimbursed for expenses -- or part-time employees. There is little information available about the community woman as a pure volunteer.

The Project Redirection demonstration reached its conclusion at the end of 1983. An assessment of the program's ultimate success must await a separate study of the program's impacts later this year. This interim study suggests that Project Redirection appears to have made some important initial changes in the attitudes and behaviors of its participants.

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BUILDING SELF-SUFFICIENCY IN PREGNANT AND PARENTING TEENS: THE IMPLEMENTATION OF PROJECT REDIRECTION

CHAPTER I

INTRODUCTION

I. The Demonstration

The problems faced by adolescents from poverty backgrounds who are mothers or pregnant are multifaceted. These young people experience all the normal problems of teenagers, and must also deal with a host of individual and family problems which are rooted in poverty: poor neighborhood environments, crowded and often troubled living conditions, home, and uncaring school systems from which many have already dropped out. Surrounded by welfare dependency and illegal street activities, these teens have a limited view of the work world, which they will have to join at an early age. As they assume the new responsibilities of parenthood, usually with little knowledge of parenting skills, these young mothers have few resources at their command.

To become competent parents and advance toward self-sufficiency, these teenagers often require a variety of social services, many of which can be found in the communities in which they live. Few providers, however, offer the kind of comprehensive assistance that is often necessary. Hospitals, for example, can address medical problems, but not the teens' educational deficiencies. Similarly, most schools do not teach employability skills or instruct students in birth control; many do not even offer sex education classes. Family planning clinics, while fulfilling this need, are often not equipped to teach parenting and other life management skills.

This fragmentation of services calls into question the extent to which teens actually benefit from individual services. To make good use of

available resources, teens must be aware that they exist, have a solid understanding of their benefits, and be strongly motivated to take advantage of them. Too often, these attributes are not well developed in adolescents, and perhaps least of all in teen parents.

Project Redirection is a research demonstration program targeted to pregnant teens and young parents aged 17 or younger who are without a high school diploma or equivalency degree at enrollment. The teens are low-income; most are eligible for Aid to Families with Dependent Children (AFDC) or living with families who receive such aid. Project Redirection is designed to help these young people make better use of community resources by offering a wide range of services through a single program. When needed services already exist in the community, Project Redirection helps teens to make better use of them. When those services are not available, Project Redirection provides them directly. This approach minimizes duplication of services, while increasing the teens' access to important sources of assistance.

Project Redirection has five short-term objectives: to encourage these young people to earn their high school diplomas or equivalency degrees; to acquire employment-related skills; to delay subsequent pregnancies; to receive needed health care for both themselves and their children; and to acquire life management skills. Redirection's long-range goal -- toward which the program's short-term objectives are oriented -- is eventual self-sufficiency. That is, as the program influences teens to complete school, to delay subsequent pregnancies, and to prepare for future employment, it is hoped that these actions will lead teens towards the ultimate goal of becoming responsible parents and employable young adults.

In working toward these goals, program staff find it imperative to increase the teens' sense of control over their own lives, as well as to develop in them a responsibility toward themselves and their children. As the program evolved over the last few years, it became clear that the desired behavioral changes could not come about without the teens' own heightened self-esteem and emotional growth. One of Redirection's important tasks has therefore been that of helping the teens use and benefit from the kinds of services which can overcome some of the difficulties that inhibit their lives. In so doing, the program has used three techniques, which are in part innovations in service delivery to this population: the community woman component, peer group support and the Individual Participant Plan. These mechanisms are described in Section IV of this chapter and in more detail later in the report.

Since June of 1980, Project Redirection has operated in four areas of the country: New York City (Harlem), Boston, Phoenix, and Riverside, California. (A fifth site operated in Detroit for a short time, but was dropped from the demonstration in the fall of 1981 because of internal management difficulties.)[1] The program has been managed in each site by a community organization experienced in the operation of programs for disadvantaged youths. The Manpower Demonstration Research Corporation (MDRC), which designs and evaluates innovative social programs, has had overall responsibility for guiding and monitoring the local programs, as well as for coordinating a comprehensive evaluation of the program model.

The demonstration has moved through several phases since its inception. The first phase ran from June of 1980 through December 1981, a period in which the sites organized their programs and worked to develop

and operate a coherent program. The second phase, which is viewed as the mature stage of program operations -- and which is the focus of this report -- ran from January through December of 1982 and operated under more explicit service delivery guidelines. A third phase of operations was conducted in 1983, during which the Harlem, Phoenix and Riverside programs operated in a transitional year. The focus was on attracting sufficient local funding to support the institutionalization of the program.[2]

During the demonstration, Project Redirection was funded by a consortium of public and private agencies. At the national level, major funding for both operations and research was provided by The Ford Foundation, the National Office of the Work Incentive Program, and the Department of Labor's Office of Youth Programs and the Office of Policy Evaluation and Research. At the local level, the community organizations which operated the program secured matching funds from community sources, both governmental and private.

In the latter part of 1983, based on early operational and research findings, Project Redirection began operations in seven more sites. Funded by The Ford Foundation and a group of local community foundations, the aim of this new replication demonstration is to study the program's feasibility further by examining the model as it operates in different geographic and organizational settings. In view of this expansion and of Project Redirection's initial progress in addressing the problems of teen pregnancy, the report begins with a consideration of the prevalence and consequences of motherhood among young teens, as well as the adequacy of other programs serving this population.

II. Rates of Teenage Pregnancy and Childbirth

Over the last decade, pregnancies among teenagers rose sharply. Drawing on national data, the Alan Guttmacher Institute (1981) reported that, among all teenagers, the pregnancy rate increased by 13 percent between 1973 and 1978. In 1978, over 1.1 million adolescents -- or 11 percent of all women younger than 20 -- became pregnant. Just half of these pregnancies resulted in live births. The Institute contends that, unless contraceptive use improves considerably, the adolescent pregnancy rate will continue to rise. Its projection is that almost 40 percent of the teens who were 14 years old in 1981 will become pregnant before reaching the age of 20.

The increasing rate of adolescent pregnancy does not arise from a greater proportion of teens wanting to become pregnant; the proportion of pregnant teens who intended to become pregnant actually declined during the 1970's. In fact, according to a 1979 survey by Zelnik and Kantner (1980), of the 15- to 19-year-old females living in metropolitan areas, only 18 percent who became pregnant had intended to do so, compared to 24.2 percent in 1971. These researchers have concluded that the higher pregnancy rate has largely resulted from an increase in the proportion of teens engaging in premarital intercourse. For example, their study shows that, between 1971 and 1979, the proportion of 15- to 19-year- old females who had ever had sexual intercourse rose by two-thirds, from 30 percent to 50 percent.

While a greater proportion of teens are becoming sexually active, contraceptive practices continue to be problematic. Zelnik and Kanter found in their study that, while the proportion of sexually active unmarried teens who use contraceptives rose from 64.5 percent to 73.4

percent between 1973 and 1976,[3] use of the most effective methods, the pill and the IUD, decreased substantially. Moreover, even in 1979, only a minority of the sample members -- 34.2 percent -- reported that they always used contraception when engaging in intercourse.

Reasons for non-use of contraception vary. In a 1976 sample of 15- to 19-year-old metropolitan area women, Zelnik and Kantner (1979) found that, among those who had engaged in intercourse without contraception, 40.7 percent explained that they had believed they could not get pregnant at that time because they were too young, had intercourse too infrequently, or it was the time of the month during which they could not conceive. Sixteen percent had not anticipated intercourse when it occurred, and so were unprepared with birth control.

While not reducing the rate of first pregnancies occurring among all teens, greater and more consistent use of birth control does appear to have reduced the rate of second pregnancies among unmarried teens. In 1971, 20 percent of teens aged 15 to 19 years in metropolitan areas who had first conceived out of wedlock conceived again within 12 months. The rate fell to 15 percent among teens interviewed in 1976. Fifty percent of the 1971 sample had a second pregnancy within two years, but the 1976 rate was 30 percent (Zelnik, 1980).

While pregnancies among all adolescents increased, the birthrate declined during this period, particularly among 15- to 19-year old females. According to the Alan Guttmacher Institute (1981), among all teens of that age (married and unmarried), 60 per 1,000 gave birth in 1978, compared to 70 per 1,000 in 1970. For teens younger than 15, the fertility rate remained the same, about 10 per 1,000. Among unmarried teens, however, the

birthrate increased by 13 percent during the 1970's, although this rate was lower than the 34 percent increase in the 1960's. The increase in the 1970's was confined to white teens, among whom the rate of births out of wedlock rose 27 percent. Among black teenagers, the rate of births out of wedlock declined by 7 percent. The overall decrease in the teenage birthrate can be traced, to an important extent, to an increase in abortions, which were legalized in 1973. In 1978, 38 percent of pregnant teenagers terminated their pregnancies through abortion (Alan Guttmacher Institute, 1981).

Thus, the 1970's saw an increase in the rate of sexual intercourse among teens, accompanied by somewhat improved but still inadequate contraceptive practices. There has been an overall rise in the rate of adolescent pregnancies but, largely due to the legalization of abortions, a decline in the number of births to teenage women and in the teenage birthrate.

Despite this decline, more than one million teenagers are currently mothers, and many more teenagers will become adolescent mothers in the years ahead. Moreover, fewer of today's teens are willing to give up their babies for either adoption or care by others than were teens in the past. By the late 1970's, 96 percent of unmarried teenage mothers (90 percent of white mothers and almost all black mothers) kept their babies, up from 87 percent in 1971. In 1978, over 1.3 million children were living with teenage mothers, of whom almost two-thirds were aged 17 or younger. Teenage childbearing thus remains a phenomenon of significant proportions.

III. The Consequences of Adolescent Childbearing

Teen pregnancy and childbearing generate a variety of medical, social and economic problems. First and foremost, pregnancy poses greater health risks such as toxemia, anemia and other complications to teenagers than to women in their twenties. Moreover, the offspring of teen mothers are at greater risk of stillbirth, prematurity, low birthweight, and physical and mental handicaps (Menken, in Furstenberg 1981).

For teens who successfully deliver and keep their babies, motherhood becomes a troubling constraint on their eventual achievement of economic self-sufficiency. As recent studies have shown, adolescent motherhood negatively affects labor-force participation and earnings, and increases the likelihood of welfare dependency. These effects arise primarily because of this factor's influence on educational attainment and family size.

One of the most extensive analyses documenting these outcomes is a study by Moore, Hofferth, Caldwell and Waite (1979). Using two national logitudinal data sets, the National Logitudinal Study of the Labor Market Experiences of Young Women (NLS) and the Panel Study of Income Dynamics (PSID), the researchers examined the effects of early childbearing on education, controlling for a variety of background characteristics and motivation. "In every analysis," the authors report, "age at first birth was the strongest, or one of the strongest, influences on schooling" (1979:5). For example, adolescents with a first birth prior to age 15 had almost two years less of schooling than women who were still childless at age 24.

Teen pregnancy also increased the probability that these adolescents

would drop out of school. In the NLS sample, over half of the drop-outs gave pregnancy or marriage as the reason for leaving school. Moreover, the teen mothers in the sample did not "catch up" later with women who had postponed childbearing. Thus, as Moore et al. conclude, "An early birth seems to result in a lifelong loss of schooling" (1979:10).

Early first birth is also associated with larger family size. Moore et al. discovered, for example, that among women aged 35 to 52 in the PSID sample, those who were 15 or younger at their first birth had, on average, three more children than women who delayed motherhood until age 24 or later (controlling for other social and demographic factors). Women who were aged 16 or 17 at first birth had an average of 2.7 more children.

Because of lower educational levels and larger families, teenage mothers tend to have less success in the labor market -- as reflected by lower paying and less prestigious jobs, and lower annual earnings -- than do women who delay childbearing. Consequently, teenage mothers also have a higher probability of becoming dependent upon public assistance (Moore et al., 1979). In 1975, as one analysis shows, 71 percent of the mothers receiving AFDC who were under 30 years of age were teenagers at their first birth. Yet, among all women in the U.S. under age 30, only 37 percent (according to 1970 data) were teenagers at first birth (Burt and Moore, 1982). Thus, women who became adolescent mothers are over-represented on the welfare rolls.

For society, the economic burden of sustaining this group is substantial. The total cost for AFDC payments, Food Stamps and Medicaid (including medical costs for the children and for currently pregnant teens) was estimated to exceed 8 billion dollars in 1975 (Burt and Moore,

1982).

IV. The Redirection Program Model

The recent rise in adolescent pregnancies in the United States has been accompanied by a rapid growth in service programs for pregnant teens and teen mothers. By 1976, over 1,000 such programs were in operation. Relatively few, however, addressed the full range of the teens' problems or were successful in motivating teens to use their services. These weaknesses have been critical obstacles in helping teens to overcome their difficulties (Klerman 1981; Burt and Moore, 1982). Two researchers recently concluded:

> Fragmentation of service delivery may mean that even those services which do reach appropriate teens do not produce their maximum effect because they do not form part of an integrated and comprehensive service delivery system in which each service interacts to reinforce an overall impact greater than any one service could have achieved alone. Some evidence and a great deal of opinion from experts in the field support the stress on comprehensive services (Burt and Moore, 1982:123).

As a comprehensive model, Project Redirection represents a response to this perceived need and an important addition to the current network of programs available to pregnant and parenting teens.

The program model calls for Project Redirection to coordinate a broad range of services and to provide directly any essential ones found lacking in the community. As seen in Chart I, and as previously described, the areas emphasized are: a continuation of education, whether in regular public schools or in alternative or GED programs; a delay of subsequent pregnancies, primarily to be sought through instruction in contraceptive use and family planning; the acquisition of employability and job skills,

CHART I-1

PROJECT REDIRECTION PROGRAM FEATURES

Objectives	• Continuation of education • Delay of subsequent pregnancies • Acquisition of employability and job skills • Improved maternal and infant health • Acquisition of life management skills • Eventual reduction in welfare dependency
Eligible Target Population	Adolescent girls who are: • Age 17 and under • Pregnant for the first time, or mothers of young children. • Receiving welfare, either as head of a case or a member of a welfare household. Up to 20% of active enrollees may be from a family whose current annual income is within 70% of the lower living standard. • Without a high school diploma or GED certificate
Participating Organizations	• Community-based organizations or community service agencies are responsible for recruiting eligible participants; mobilizing existing service agencies to provide services in the areas of education, family planning, employability, maternal and child health, child care, and life management skills; providing supplemental services; and scheduling and monitoring participants' activities.
Service Delivery Mechanisms	
Individual Participant Plan	• The community organization develops for each participant, within 30 days of her enrollment, a plan specifying how and when she will use program services. It details her plans for continuing

	education, receiving child care and adequate medical care for herself and her child, learning about and practicing family planning, interacting with her community woman, becoming oriented to the world of work, and acquiring life management skills. Each IPP is assessed on a monthly basis to review progress, make any necessary modifications, and determine whether the participant is entitled to receive a stipend.
	• To encourage timely service delivery, teens are to be assigned to health and family planning services immediately after enrollment, to an educational program within 60 days, and to employment-related activities (for a minimum of 18 hours) within 90 days.
Community Woman Component	• The community organization is responsible for recruiting and training community women who assist participants in understanding and attaining program goals. The community woman must be an area resident, with demonstrated community involvement or employment experience. She must be available to the program for at least five hours per week per assigned participant, up to a maximum of five participants. She must complete a course of training, be capable of producing written reports, and be willing to foster program goals. The community woman is considered a "paid volunteer."
Peer Group Sessions	• The community organization draws together participants on a regular basis for constructive group discussions and activities regarding their lives, program experiences, or other topics.
Mandatory Program Exit	• Participants who receive a high school diploma or GED certificate must be graduated from the program within 60 days, assuming a minimum participation of 9 months. Participants can be enrolled in Redirection for a maximum of 18 months.

learned in workshops, more formal training programs, and -- when appropriate -- through work experience; improved maternal and infant health attained in cooperation with neighborhood clinics and hospitals; and the acquisition of life management skills, to be taught by a variety of outside service providers.

However, even more central to program goals than service brokerage has been the process of assisting teens to use services effectively. Through three mechanisms, the program works to motivate teens to keep appointments, attend school, workshops and other activities, and to focus on coordinated, short- and long-term goals.

These three mechanisms are the Individual Participant Plan (IPP), a community woman component and peer group sessions. The IPP is a planning and monitoring tool which specifies for each participant short- and long-term objectives, as well as a variety of services and activities to facilitate her progress in attaining them. Both the objectives and the means for achieving them are agreed upon by the teen and the program staff in the IPP, which covers each of the major services areas of the program. After the initial IPP agreement, an IPP worksheet is compiled on a monthly basis, showing the types of activities the teen is scheduled to pursue during that time period. This worksheet indicates whether or not the teen actually participated in her scheduled activity and notes her general progress in the program.

For the second phase of the demonstration, MDRC revised the IPP worksheets to include the number of units scheduled for each activity, along with the teens' actual units of participation. This refinement gave greater specificity to the teens' use of program services and also allowed

MDRC researchers to examine participation more closely in each service area.

The community women, the second mechanism through which Project Redirection seeks to help teens, are adult volunteers whom the program staff recruit from the community and match with the teens. The major responsibility of the community women is to offer the teens guidance and support that will both reinforce the program's message and help them contend with the difficulties of adolescent pregnancy and motherhood.

According to the program guidelines, community women are to have at least five hours of contact weekly with each of the teens assigned to them. No more than five teens are paired with one community woman, who is paid a stipend of $15 a week per teen, a sum intended to offset transportation and other expenses. Community women interact with the teens in a variety of ways. They talk over problems with them, accompany the teens -- often drive them -- to agency appointments (e.g., at the clinic or welfare office), help them attend to their children's needs, take them shopping or to the movies, or just spend time with them as friends.

Community women also carry out an important monitoring function for program staff. Through their extensive contact with the teens outside of the program office, they can keep staff members informed in a general way about the behavior and problems of the teens, and help them decide upon appropriate strategies for responding to those problems.

Peer group meetings are the third major technique. Through these sessions, participants come together to share their experiences and problems and to help each other. The sessions are also a source of social support, and provide staff with a forum in which to re-emphasize program

goals and offer the teens information and guidance on how to achieve them.

During Phases I and II of the program, teens were paid a monthly stipend of $30 as an incentive for participation. During the second phase, MDRC urged the sites to tie this award directly to the quality of participation by making full or partial deductions when attendance in any or all of the program components was judged unsatisfactory.

In the initial phase, the project sites were largely successful in putting the major program components into place, although some sites had difficulty providing the full variety of program services in a balanced and timely manner. For example, certain services which the programs were to provide directly began only after a considerable delay. Additionally, some sites neglected to place emphasis on all program objectives, concentrating instead on those they knew best. As a result, MDRC devised a more explicit set of service delivery guidelines for Phase II.

These guidelines specified when activities were to commence for participants. Since all sites had tended initially to underemphasize employability services (see Branch and Quint, 1981), the guidelines also required that participants receive a minimum of 18 hours of activities related to employment. In addition, mandatory criteria required that participants be terminated from the program at age 19, after enrollment of 18 months, or at the point at which they received a high school diploma or equivalency degree. This policy was implemented to discourage long-term dependency on Project Redirection, and to make program services available to a larger number of teens.

As Project Redirection began its concluding demonstration year, site operators were for the most part satisfied that the program -- despite the

difficulties of mounting a comprehensive service program -- had effectively met its operational goal: to provide a broad range of needed services to the eligible participants. It remained for the researchers to determine more precisely if the program operators had maintained and strengthened the key elements put into place in Phase I, and to assess how effectively teens used the services.

V. The Research Plan

While many experts believe in the value of comprehensive service programs for pregnant and parenting teens, few rigorous evaluations have been carried out on programs for this population. Most studies have serious methodological limitations, such as low response rates and a narrow range of outcome measures, and most also do not have a control group (Klerman, 1979). It is thus difficult to ascertain whether many current or past programs have been successful in achieving their goals.

One of the aims of the Project Redirection demonstration is to make a significant contribution to the literature on teenage pregnancy and parenting, while at the same time evaluating a program which may assist a good number of adolescent parents. The research plan is a comprehensive one including: studies of the sites' experience in implementing the program model; an analysis of the program's impacts on participants, both at one and two years after enrollment; and an in-depth examination of teens' attitudes and behaviors, based on extensive observation of and interviews with a small group of participants. To date, several of these studies have been completed, and they suggest that Redirection's initial experience has been positive.

The first implementation study, Project Redirection: Interim Report on Program Implementation (Branch and Quint, 1981), examines the early experience of the sites as they put the program model into operation. The aim of that analysis was to determine whether, in the initial stage, the model appeared feasible -- that is, if operators could adequately recruit eligible teens and match them to community women, as well as coordinate a comprehensive array of services, using the IPP as a planning and monitoring mechanism. While some difficulties were documented, the sites were able to implement each of the program components. This second implementation report examines the operating experience over a later period and provides additional insights into the feasibility, strengths and weaknesses of the model.

A second component of the research plan, an in-depth study of 18 program participants at three sites, resulted in a report entitled Choices and Life Circumstances: An Ethnographic Study of Project Redirection Teens (Levy, 1983). The report examines the teens' attitudes and behaviors on a number of topics, including education, work, welfare, sex and contraception. The data collected by three field researchers through program observation and informal conversations with the teens over a period of several months will add a deeper understanding to many of the findings of the final impact analysis.

The ethnographic study revealed a variety of patterns. For example, the researchers found that the teens in this sample viewed sexual intercourse as a normal part of a steady relationship with a boyfriend, and that they had been sexually active since early adolescence. Yet many of the teens continued to lack the correct knowledge of contraception, and

their misinformation often led to subsequent pregnancy.

The research also found that the teens did not choose to become pregnant in order to receive their own welfare grants. Only two of the young women in the sample had intended their pregnancies. And, although most teens rejected welfare, they did not envision marriage to the father of their child as a short-term solution. Most believed they would eventually hold jobs, but they knew little about the work world.

The third component of the research is an impact analysis, which examines the program's effectiveness in improving participants' behavior in the areas of education, employability, health, contraception and parenting skills. This analysis, which is being conducted by the American Institutes for Research (AIR) under contract to MDRC, is based on a quasi-experimental design; outcomes for a group of 450 participants are compared to those of 450 nonparticipants who reside in matched comparison cities. Most teens were administered an in-person baseline interview and all were re-interviewed 12 and 24 months later.

The first of two published reports from the impact analysis, Needs and Characteristics of Pregnant and Parenting Teens (Polit, 1982), describes the results of the AIR baseline survey of participants who enrolled between June 1980 and February 1981, and their matched comparison group. The detailed description of the characteristics and service needs of Redirection's target population clearly establishes the fact that these teens were disadvantaged economically and educationally; nearly half were school drop-outs.

Many of the teens were also at risk to an early repeat pregnancy. Almost half had never practiced birth control, and among those who had, 40

percent admitted that they did not use it all the time. When asked about services, the teens indicated that their greatest unmet needs were job training and counseling, assistance in obtaining infant supplies, tutoring for school work, and educational counseling.

School, Work and Family Planning: Interim Impacts in Project Redirection (Polit et al., 1983), based on data from a sample of 400 early Project Redirection enrollees and comparison group teens, discusses program impacts 12 months after baseline. At that time, Project Redirection registered positive impacts on participants in terms of service receipt, school enrollment, employment and the rate of subsequent pregnancy. Program impacts on school enrollment were particularly substantial for teens who had not been enrolled in school at baseline, just as employment impacts were more sizable for the teens who had never been employed. Impacts on knowledge of contraceptive use and subsequent pregnancy, while more modest, were also statistically significant.

Data collection and analysis are continuing for the final impact report, which will be based on a post-baseline period of two years for approximately 900 teens. This report is scheduled for completion in late 1984.

VII. The Present Study

This present study, the second and final report on the implementation of Project Redirection, focuses on Phase II of the demonstration (January-December, 1982). As previously noted, this phase was a mature stage of program operations, and as such, provided the best opportunity to assess the ongoing feasibility of the program model and participants'

response to the program. Also, because of refinements in data collection instruments, Phase II allowed researchers to more fully examine the nature and intensity of the teens' involvement in the program, as reflected in their rates of participation in each major service area and their response to the community woman component.

The concerns of the present report are severalfold. First, it examines the ability of the sites to recruit teens and maintain enrollment levels throughout the demonstration. The structure of the program, as defined by staffing levels and service linkage, is also discussed in Chapter II.

Chapter III deals with the capacity of the sites to maintain and strengthen the key elements of the program model. Most importantly, this portion of the analysis describes how the program attempted to bring about change in the teens' behavior. Chapter IV presents the community woman component, the most innovative of the program's features.

Chapter V examines how well sites scheduled the teens for services and, in turn, how intensively participants utilized these services. Length of stay and other issues of participation are discussed. The chapter concludes with an analysis of program costs, focusing on unit costs and the costs of site operations. Chapter VI summarizes the key implementation lessons and their implications for replicating Project Redirection.

This study uses both qualitative and quantitative data. The qualitative data consist of open-ended interviews with, and observations of, staff members, teens and community women conducted by MDRC research personnel during field visits to each of the project sites. Other qualitative data come from reports on the regular site visits by MDRC field

representatives, and from bimonthly directors' reports submitted to MDRC. Data collected for the ethnographic study are also utilized in this report.

The quantitative data in this report were collected through a Management Information System (MIS) established at each site. Through the MIS, program staff members provided MDRC with standard demographic information on the teens and community women, the teens' activities and status changes, and the dates and reasons for both teen and community woman terminations from the program. The report also draws on findings from the interim impact analysis, when this information is useful in elucidating the teens' activities in, and responses to, the program. Standardized fiscal data reported to MDRC by the project sites, as well as MIS and qualitative data, are the sources for the cost analysis, which presents the costs associated with providing the Project Redirection treatment to its participants.

CHAPTER II

PARTICIPANTS, PROGRAM STAFFING AND STRUCTURE

I. Recruitment and Characteristics of Participants

Project Redirection is targeted to a specific subgroup of the teen parent population: young women aged 17 or younger from poor families, who are either pregnant or the mothers of young children, and who have not yet completed high school or attained a GED degree. Because a major portion of Project Redirection's initial funding came from the Work Incentive Program (WIN), a primary concern of which is to forestall long-term dependency, most of the young women were from welfare-dependent families. According to program specifications, 80 percent of the participants were to come from families receiving or eligible to receive Aid to Families with Dependent Children (AFDC). Up to 20 percent could come from families whose income did not exceed the lower living standard.

During the period covered by this report, the Project Redirection sites were collectively charged with maintaining a 300-slot program -- 100 slots each in the Harlem and Phoenix programs, and 50 each in Boston and Riverside, California.

A. Participant Characteristics

The Project Redirection participant group represents a clear target for social concern and intervention. This conclusion of the baseline report, which described the characteristics of the sample of teens studied in the impact analysis, is borne out by an examination of Table II-1, which presents demographic and service utilization characteristics for all teens enrolled in Project Redirection from the start of program operations to the

TABLE II-1

SELECTED CHARACTERISTICS OF TEENS AT TIME OF ENROLLMENT IN PROJECT REDIRECTION, BY SITE

Characteristic at Enrollment	Boston	Harlem	Phoenix	Riverside	Total
Age (%)					
11 Years Old	0.0	0.4	0.0	0.0	0.1
12 Years Old	0.7	0.0	1.0	0.0	0.5
13 Years Old	4.2	0.8	1.7	0.9	1.7
14 Years Old	8.5	7.2	9.4	5.3	8.0
15 Years Old	26.8	17.7	23.4	16.7	21.3
16 Years Old	30.3	34.5	31.8	32.5	32.5
17[a] Years and Older	29.6	39.4	32.7	44.7	36.0
Mean Age (Years)	16.2	16.6	16.3	16.7	16.4
Ethnicity (%)					
Black	0.0	92.0	31.8	21.9	43.5
Chicana	0.0	0.0	52.8	28.9	23.7
Puerto Rican	92.3	4.8	0.3	0.9	18.0
Other Hispanic	7.7	2.4	1.7	1.8	3.0
White	0.0	0.8	11.7	45.6	11.1
American Indian	0.0	0.0	1.7	0.9	1.7
Limited English (%)	32.4	1.2	7.0	0.9	8.8
Marital Status (%)					
Never Married	77.5	98.8	97.3	94.7	93.9
Ever Married	22.5	1.2	2.7	5.3	6.1
Head of Household (%)	19.0	2.8	5.4	11.4	7.9
Mean Number in Household	4.6	4.7	5.6	4.9	5.0
Living in Two-Parent Household (%)	7.8	8.0	16.8	30.7	14.5
Mother Present in Household (%)	47.9	74.3	63.1	67.5	64.5
Father Present in Household (%)	9.2	10.4	18.8	30.7	16.2
Pregnancy Status (%)					
Pregnant With First Child	66.2	49.8	58.6	54.4	56.3
Pregnant Parent	6.3	3.6	5.4	0.9	4.4
Parent, Not Pregnant	27.5	46.6	36.0	44.7	39.3
Number of Children (%)[b]					
1 Child	85.4	92.9	92.7	94.2	92.0
2 Children	12.5	6.3	5.7	5.8	6.9
3 Children	2.1	0.8	0.8	0.0	0.9
4 Children	0.0	0.8	0.8	0.0	0.3
Receiving AFDC (%)[c]	78.2	68.4	61.8	77.9	71.6
Out of School at Time of Enrollment (%)	73.9	54.0	69.2	25.4	59.1
Percent Out of School Who Left School Prior to Pregnancy (%)[d]	61.9	29.6	59.9	30.0	49.9
Mean Number of Months Out of School (%)[d]	16.7	10.0	14.8	7.5	13.4

(continued)

TABLE II-1(continued)

Characteristic at Enrollment	Boston	Harlem	Phoenix	Riverside	Total
Highest Grade Completed (%)					
8th Grade or Less	55.6	32.8	38.2	14.0	36.2
9th Grade	26.8	34.4	27.1	23.7	28.8
10th Grade	12.7	24.0	24.4	35.1	23.7
11th Grade	2.8	8.8	10.0	25.4	10.6
12th[e] Grade	2.1	0.0	0.3	1.8	0.7
Mean Highest Grade Completed	8.2	9.0	8.9	9.7	8.9
Pre-Redirection Service Receipt (%)					
Employment Services	2.1	0.8	1.4	12.6	2.9
Family Planning Services	13.4	17.7	24.9	34.2	21.9
Prenatal Care[f]	93.2	97.7	96.8	93.3	95.9
Pediatric Care[b]	89.6	93.7	83.7	76.9	87.1
Child Care Services (%)[g]					
Licensed Day Care Center	2.1	1.6	3.3	50.0	9.4
Licensed Home Center	0.0	2.4	0.8	0.0	1.1
Relative-Out of Teen's Home	10.4	16.5	6.5	9.6	11.1
Relative-In Teen's Home	27.1	52.0	38.2	36.5	41.4
Other-In Home	2.1	3.2	44.7	1.9	17.4
Other-Out of Home	0.0	8.7	3.3	3.9	4.9
Any Child Care	41.7	82.7	93.5	94.2	82.6
Enrollment in Adolescent Mother Program (%)					
Ever Enrolled	3.5	9.2	17.4	57.0	19.1
Never Enrolled	96.5	90.8	82.6	43.0	81.9
Total Number Enrolled	142	250	299	114	805

SOURCE: Tabulation of the Participant Enrollment Forms in the Project Redirection Information System.

NOTES: Sample includes all teens enrolled by December 31, 1982.

Percentage distributions may not add up to exactly 100.0 because of rounding.

[a]Two 18-year olds in Boston and one in Phoenix were erroneously enrolled in the program.

[b]Based on teens who were parents at the time of enrollment.

[c]This measure, which is based on welfare status at enrollment, excludes a number of pregnant teens who, according to local welfare regulations, would become eligible for AFDC only with the birth of their children.

[d]Based on teens who were out of school at enrollment.

[e]Includes teens who completed 12th grade but who failed to meet additional requirements for high school diploma: e.g., achievement tests, physical education courses, etc.

[f]Based on teens who were pregnant at the time of enrollment.

[g]Based on teens who had no children at time of enrollment. Teens could use more than one type of child care, or use no child care at all, so numbers may not add up to 100.0.

conclusion of Phase II, in December 1982. Project Redirection participants, as a generalization, are young, unmarried, minority teens who are disadvantaged socially, economically and educationally.

Table II-1 provides the following specific information: While the mean age of participants at enrollment was 16.4 years, one girl was 11 years old, four were 12 and 14 girls were only age 13. Almost nine out of ten participants were black or Hispanic, with a nearly equal split between the two ethnic groups. The large minority representation in Project Redirection in large part resulted from the choice of managing agencies for the sites, some of which traditionally have targeted their services to these groups. Thus, the majority black enrollment in the Harlem program, as well as the majority Hispanic (primarily Puerto Rican) enrollment in Boston, were consistent with the target groups served by the sponsoring organizations: the Harlem YMCA in New York and El Centro del Cardinal in Boston.

The Phoenix and Riverside sites -- operated by the Chicanos Por La Causa (CPLC) and the Children's Home Society, respectively -- drew a more ethnically diverse population. Riverside attracted the largest percentage of white teens, as well as sizable numbers of blacks and Chicanas. More surprising, given the identity of the sponsoring organization, was the relatively high (32 percent) proportion of blacks served by the Phoenix program. Indeed, during the early months of operation, black teens outnumbered Chicanas. It was only when, at the behest of the CPLC Board of Directors, the site made a concerted effort to recruit more Chicana teens that there was a shift in participant mix. Staff began offering a number of workshops geared to the specific problems and interests of Chicana

teens, and this strategy was so successful that two-thirds of all new Phase II teens were Chicanas.

Only one teen in seven was living with both parents when she enrolled in Redirection; this proportion was highest in Riverside, where the figure approached one in three. Most teens lived with their mothers in a household that included, on the average, three other family members. The Harlem site came closest to the program's original specification that (for research purposes) enrollees be evenly divided between teens pregnant with their first child and those who were already parents. At the other sites, especially in Boston, pregnant teens were in the majority. Of those teens who were parents at the time of enrollment, most had only one child.

Over half the teens (59 percent) were out of school when they entered Redirection. (This was the case at every site except Riverside, which recruited a large number of enrollees from a special school for pregnant girls.) Half of these out-of-school teens had dropped out prior to becoming pregnant, an indication of their alienation from schools, not just of impending motherhood. Moreover, out-of-school enrollees had not attended school for an average of over a year, and had completed only 8.9 grades. These educational deficits were especially severe in Boston, where about one-third of the teens were, in addition, not fluent in English.

The degree to which teens had received services before program entry varied greatly by the type of service. The vast majority of teens had obtained prenatal care, and their children were receiving pediatric care. Most teens with children already had made child-care arrangements (usually care by relatives in their homes), although the regularity and reliability of that care was not clear. The teens were at high risk to a repeat

pregnancy: less than a quarter had received family planning services. Although the group was also at risk to long-term welfare dependency, only a handful had received employment-related services.

Thus, it was clear that, throughout the demonstration, Project Redirection served a group of teens who were unquestionably in need of intervention, and that the program's emphasis on education, employment, life management, health care and family planning responded to real service deficits.

B. Referral Sources

In the early stage of operations, the fledgling Redirection programs relied heavily upon other community organizations, local WIN and welfare offices, and schools for referral. Informing these organizations about the goals of the new program, the eligibility criteria and operating structure was a time-consuming task, but one yielding dividends: 68 percent of the enrollees during this period were referred by other organizations.

As the demonstration evolved, program planners became concerned that the sites were concentrating on agency referrals and not reaching teens who were unserved and in more need of assistance. Phase II guidelines stated that the sites should "make their best efforts" to recruit adolescents not currently linked to or identified through service providers.

Table II-2 shows that a marked shift in recruitment patterns occurred between Phase I and Phase II. During the latter period, the proportion of new enrollees generated by local agencies dropped sharply: medical facilities and welfare offices, in particular, contributed fewer participants. Concurrently, other sources of referrals (from friends, staff members, community women, and walk-ins) increased. Friends of

TABLE II-2

PERCENTAGE DISTRIBUTION OF REFERRAL SOURCES OF TEENS ENROLLED IN PROJECT REDIRECTION, BY PROGRAM PHASE

Referral Source	Phase I	Phase II	Both Phases
Friends	25.7	36.0	29.4
School	12.5	18.7	14.7
Media	3.7	2.8	3.3
Community Organizations	8.7	13.8	10.5
WIN/Welfare Office	10.8	2.4	7.8
Hospitals/Clinics	24.3	14.9	20.9
Walk-In	0.1	2.1	0.9
Other[a]	14.1	9.3	12.4
Total	100.0	100.0	100.0
Total Number Enrolled	518[b]	289	807[b]

SOURCE: Tabulation of Enrollment Forms in the Project Redirection Information System.

NOTES: Percentage distributions may not add up to exactly 100.0 because of rounding.

[a]Recruitment by community women and staff members is the largest source in this category.

[b]Excludes two participants for whom referral source data were unavailable.

participants were the largest group of new recruits; word about Redirection and its program appeared to have spread well in the communities, sometimes as a result of the site's efforts. Harlem, for instance, urged teens who were about to "graduate" from Redirection to recruit new teens as replacements. Sites also used other informal recruitment methods; in Phoenix, leaflets were distributed and neighborhood block meetings were conducted by staff.

In Riverside, however, agency referrals continued to be the principal source of new participants. In both phases of the program, only 14 percent of all Riverside teens came from other sources. However, Riverside diversified its agency sources during Phase II. While neither hospitals nor welfare offices referred many teens in Phase I, about one in six Phase II participants came from these sources. This shift occurred in part because program planners were concerned that if Riverside continued to rely too heavily on the educational system, it would fail to reach out-of-school teens.

Despite these referral source differences between Phase I and Phase II, the characteristics of the two groups were surprisingly similar. It is possible, however, that Phase II teens, despite the sites' best efforts, might have been less disadvantaged. Phase I enrollees were significantly more likely to speak only limited English and to come from families receiving AFDC than were teens in Phase II. Phase II participants, on the other hand, were less likely than their earlier counterparts to have received family planning services and to have been in another program for pregnant teens.

C. Maintenance of Program Enrollment Levels

It was to be expected that, in the earlier stages of program operations, the Project Redirection sites would face problems in recruiting adequate numbers of participants; the programs were new, without track records in their communities. It would be reasonable to assume, however, that as the program matured, became more visible in the community, and grew to be regarded as a proven and reliable resource for adolescent parents, enrollment would stabilize at or near contracted slot levels.

This is, in fact, not what has happened, in spite of the esteem in which Project Redirection came to be held in the communities in which it operated. Enrollment levels fluctuated throughout the demonstration, even, as Table II-3 illustrates, during the period when greater stability might have been expected. Thus, between January and December 1982, none of the sites operated at 90 percent capacity or better. The situation was most noticeable in Riverside and Boston, where one factor in the sites' inability to maintain slot levels was the funding uncertainty. In fact, the need for key program staff to find local resources to support program operations was a problem at all sites. This uncertainty peaked in mid-1982 when, unsure of the outcome of their fundraising efforts, the sites began an orderly retrenchment by declining to fill slots made available through terminations.

This situation was subsequently resolved when The Ford Foundation made available a 50 percent challenge grant to be matched by local funds. In the interim, staff had decreased their outreach activities, and slot levels were unsually low. Even when funding was secured, sites had difficulties rebuilding their referral sources. Agencies had lost faith in the

TABLE II-3

PARTICIPANT ENROLLMENT AS A PERCENT OF CONTRACTUAL SLOT LEVEL,[a] BY SITE AND MONTH IN 1982

Month	Boston	Harlem	Phoenix	Riverside	All Sites
January	80.0	81.0	106.0	44.0	83.0
February	82.0	87.0	94.0	44.0	81.3
March	80.0	86.0	90.0	44.0	79.3
April	86.0	84.0	100.0	60.0	85.7
May	76.0	79.0	94.0	68.0	81.7
June	84.0	74.0	97.0	64.0	81.7
July	96.0	95.0	102.0	68.0	79.7
August	92.0	90.0	93.0	62.0	86.7
September	90.0	90.0	77.0	70.0	82.3
October	82.2	92.0	63.0	100.0	82.0
November	36.0	90.0	60.0	102.0	73.0
December	2.0	81.0	57.0	98.0	62.3

SOURCE: Tabulation of Enrollment Forms in the Project Redirection Information System.

NOTES: [a]The contractual slot levels were 100 at the Harlem and Phoenix programs and 50 in Boston and Riverside.

program's stability, and sites had to make strong efforts to restore their confidence. However, at the Boston site, which did not participate in transitional year funding, participants were completely phased out by the end of 1982.

The recruitment problem at Riverside was particularly severe, exacerbated by a complete turnover in program staff that began in December 1981.[1] Program operations went into virtual receivership -- the executive director of the sponsoring agency held the program intact -- until new staff could be found. In the interim, current participants and community women drifted away, and new staff faced an uphill battle, cultivating relationships with community agencies afresh and inviting prospective participants to peer support sessions and social events. Despite the site's best efforts, however, keeping slots filled remained a problem in Riverside throughout virtually the entire demonstration.

II. Staffing

As a program in which services are for the most part brokered, and where much of the direct assistance falls to community women, Project Redirection serves a sizable clientele with a relatively small staff. The responsibilities of this staff, nevertheless, are manifold. They include: recruiting the teens and community women, training and supervising the community women, matching community women to teens, counseling teens individually, organizing peer group sessions, coordinating services provided by outside agencies, and directly providing services when community providers are inadequate or inaccessible.

Each Redirection site has, at its base, a common staff structure to

perform these functions. However, variations in the nature and organization of services, participant slot levels and program resources have generated some inter-site differences in the number of staff members and the division of responsibility. Staff similarities and differences across sites are highlighted in the following descriptions.

A. Project Director

The project director at each site is responsible for overall program management. Generally, this involves supervising staff members and monitoring program activities; coordinating fundraising and other planning efforts with the program sponsor; forging linkages with outside service agencies; and reporting to MDRC on the status of program operations. Project directors also interact with the teens and usually are well acquainted with each teen's circumstances. However, given other demands on their time, the directors limit their involvement with the teens to consulting with, guiding and monitoring other staff members.

B. Counselors

Many of the counselors are professional social workers, but they have varied responsibilities. A counselor's work begins with the intake interview at enrollment, in which she verifies an applicant's eligibility according to the program guidelines. Once an applicant is accepted, the counselor initiates the IPP process, which entails helping the teen define her short- and long-term goals, and selecting activities and services in the major program areas to help her advance towards them. From this point on, the counselor monitors the teen's compliance with her IPP by meeting with the teen individually, in peer group sessions or program workshops, and by reviewing information provided by other staff members and the

community women.

Another function is counseling the teens individually on personal problems, on an as-needed basis. Sometimes, these contacts, whether for counseling, monitoring, or other reasons, take place away from the project building, often at the participants' homes or schools; at any given time, this analysis shows, roughly one-third of the teens received home visits by the counselor. In Riverside, where public transportation is limited, most individual contact takes place at the schools.

At all sites, counselors lead workshops, particularly those dealing with life management topics, such as birth control and family planning, nutrition, health care and parenting skills. In Boston, the counselors were responsible for conducting, or arranging for outside experts to lead, all on-site workshops and for coordinating service provision by outside agencies. At the other sites, much of this responsibility falls to program specialists.

C. Program Specialists

Program specialists (also called service coordinators) help to establish linkages with service providers and arrange services that Project Redirection must provide to participants directly. These efforts include enrolling teens in schools and alternative education programs; helping them find employment, such as CETA summer jobs; arranging field trips to local businesses to enhance career awareness; and inviting guest speakers to talk about birth control, health, job opportunities and other relevant topics. Program specialists also lead on-site workshops themselves.

Sometimes these functions are shared with counselors. In Riverside, for example, the counselor assumes primary responsibility for arranging

contacts with clinics and for leading or coordinating family planning workshops, while the program specialists concentrate on educational and employment-related services and other activities.

D. Community Women Coordinator

Coordination between the program and the community women is an important function assigned to one or more staff members at each site. The coordinators' liaison function includes: recruiting community women; training them (both prior to their assignment to teens, and on an ongoing basis); monitoring their interactions with the teens, advising and communicating important program information to them; obtaining from them information on the teens' problems and progress; and monitoring their timesheets and reimbursements.

In Harlem and Phoenix, these tasks were assigned to a full-time coordinator. In Riverside, the duties were initially performed by the project director, but were later given to one of the program specialists. At these three sites, the community woman coordinator worked closely with the counselors to help them match community women to teens and to monitor the teens' compliance with the IPPs. In Boston, the three counselors performed the liaison functions themselves, with each concentrating on the community women who were assigned to the teens on her caseload.

E. Other Positions

While the staff jobs discussed above were the core Redirection positions, each site complemented its staff in different ways to enrich services. These extra staff members included educational instructors in Phoenix; job developers in Harlem and Phoenix; a part-time psychologist in Boston; and "foster grandparents" in Phoenix. In addition, during Phase

II, the Harlem site was able to retain a Separate Administrative Unit (SAU) worker from the WIN program. These personnel had in Phase I been outstationed in most sites.

III. Structuring Services

As described previously, Project Redirection relies upon, whenever possible, outside agencies to deliver the services outlined in the program model. During the planning stages of the demonstration, there was some concern that local providers might not be willing to cooperate fully, in part because of a reluctance to share responsibility with an inexperienced and potentially competing organization.

This concern was of short duration. The sites were successful in linking teens to a large number of community services. For example, most Phase I and Phase II participants were scheduled for medical visits at local clinics, and many were enrolled in regular public or alternative schools, such as special programs for teen mothers. Additionally, staff at the local agencies generally responded well when they were asked to provide information on the attendance, performance or problems of the Redirection teens. By securing and maintaining the cooperation of other agencies, the sites demonstrated the basic feasibility of the Redirection model.

From another perspective, however, interagency coordination was more limited than had been anticipated, and the sites consequently undertook more direct provision of services than they had planned. The interim impact report found that a substantial proportion of participants obtained services directly from the Redirection program. For example, among teens

given parenting education, 71 percent received it from Project Redirection. Similarly, half of all participants who received either pregnancy counseling or nutrition education obtained these services from the program (Polit et al., 1983). This practice, however, did not come about because of any opposition by the local agencies. Rather, it resulted from an inadequate supply of many of the services needed by Redirection teens and the lack of suitability of certain existing services for a teenage population.

For example, many workshops and courses presented by outside agencies showed little understanding of the needs and capacities of adolescents. In addition, programs for teens with special deficiencies -- such as a lack of familiarity with English or a severe educational handicap -- were scarce, as were year-round employment and training programs, particularly for teens younger than 17. Also, aside from the special schools for this population, there were few places to which teens could be referred for parenting and other life management instruction. However, while there were many service gaps that the Redirection sites had to fill in order to create a comprehensive program, through a combination of these direct services and some solid linkages with a number of community agencies, the sites managed to offer the teens the range of services mandated by the program model.

CHAPTER 1II

THE PROJECT REDIRECTION TREATMENT: SERVICE PROVISION AND PROGRAM PHILOSOPHY

I. Introduction

What does it mean to be in Project Redirection? What do the young women experience during their program participation? The treatment in Project Redirection is not a simple matter of receiving services. Redirection treatment includes both the receipt of services and interaction with caring adults, in the process of which a number of close personal relationships are formed.

These interventions -- services and relationships -- are made available to Project Redirection participants in support of the program objectives of continued education; acquisition of knowledge and skills leading to employment; delay of subsequent pregnancies; and increased personal and economic self-sufficiency. More explicitly, the provision of these services and supports serve two primary goals: to bring immediate benefits to the participants and their children, and to influence participants to adopt the attitudes and behaviors essential to meeting the program objectives.

Over the course of the next two chapters, a detailed explanation of the Project Redirection treatment will be presented. This chapter will describe both the program philosophy and the services that participants encounter during their stay in Project Redirection. Chapter IV will extend this discussion by focusing on the community woman component which, like the program philosophy, binds together the disparate elements of the program.

In this presentation, the aim is to depict the treatment in a manner that is highly suggestive of the way Project Redirection appears to participants. As such, this presentation relies heavily on the words of program staff, community women and the participants themselves.

In the sections which follow, each program service is described as it was delivered in Phase II. The first section, however, discusses the importance of building self-esteem among program participants. It is a concept essential to the teens' successful participation in all program components.

II. The Program Treatment: Building Self-Esteem

The need for self-esteem undergirds the program philosophy in all of its manifestations. As one counselor stated it: "The goal is to help teens to like themselves, to take control of their lives, to open up and see that there are opportunities for them, and that their lives are not predestined." In attempting to increase participants' self-esteem, a major concern is to help them to become more assertive in their relationships with others, particularly men.

Participants who lack self-esteem often find it difficult to resist pressure from boyfriends; evidence abounds that this is true of most Redirection participants. Many report having been beaten by their boyfriends, or exploited economically. The participants tolerate this treatment, believing that, because of their children, other men will not want them. In contrast, program staff believe that a teen who "feels good about herself" will refuse to be psychologically or physically abused; she will also not allow a boyfriend to determine the kind of contraceptive she

uses -- or whether she will use any -- nor will she be motivated to have another child simply because she has another man. As such, project staff have deemed it of primary importance to increase self-esteem among participants.

Staff and community women in Project Redirection seek to do this initially by creating a warm and supportive environment in which teens feel free to share problems with each other and with adults in the program. If participants open up, it is believed they will see they are not alone in their predicament, and they can be helped to feel better about themselves and to engage in more constructive behavior.

In Phoenix, for example, the supportive environment cultivates an atmosphere of caring and mutual respect. In Boston, the environment is even more explicitly nurturing, particularly for younger participants. Program staff are particularly sensitive to the fact that their participants are not adults, but dependent adolescents. "It is easy to forget that these teens are still children and not yet self-reliant and independent," said the staff psychologist. "What some of these teens need from the program is in part what a caring parent would provide -- what many have never received." In Boston, there is also the opportunity to speak Spanish, the participants' preferred language. While staff fully acknowledges the teens' need to know English, they believe that, in Project Redirection, teens should be able to express important emotions in their dominant language.

Not the least part of a supportive environment is the physical setting of the program. The sites have attempted to create one that participants can enjoy. In Harlem, the living room/nursery is the center of informal

activity for teens. It is a large, attractive room that includes several seating arrangements, activity areas and nursery furniture. It is to this room that participants first come when school ends each day. Informal meetings with community women and staff are held there; participants deposit their babies with community women before attending workshops, and sometimes have large group meetings in this room. Participants typically talk, read and hold each other's children. Occasionally, participants also do their homework, or stretch out on a sofa and sleep. The living room is open to boyfriends, and several are always on hand.

Within such an environment, project staff attempt to increase self-esteem by reinforcing any success that a participant experiences -- no matter how small -- with praise, hugs and recognition. At the same time, they look for other ways in which to build self-confidence. A Harlem social worker, for instance, reported that she sees to it that each teen to whom she is assigned receives at least some praise from her each time that they meet.

Program staff maintain that it is important not to wait until a long-term goal, such as a high school diploma, is attained before conferring recognition. In the view of Harlem staff, it is a success deserving of recognition when teens who have never been able to follow through on even the smallest task are now able to keep appointments, improve reading scores and take care of their appearance. Praise is equally abundant for larger accomplishments, as when one Harlem participant found a job without program assistance.

Simultaneously, some program staff have begun to think about the possibly negative consequences of being overly supportive. It is the

concern of a social worker at Harlem, for instance, that a proper balance be struck between being warm and helpful, on the one hand, and engendering dependency, on the other. She explicitly seeks out ways of supporting her teens without hampering the development of independent behavior.

One incident illustrates this point. A participant showed up at the program office without money for food, diapers and transportation. Program staff were initially inclined to take money from petty cash, but the social worker intervened. Believing that Project Redirection should teach its participants that some money should be saved for emergencies, she suggested instead that the participant be given an advance against her stipend, due later that month.

III. The Program Treatment: Services

While the health care of participants and their children is of primary importance to Project Redirection staff, relatively few teens require assistance in initiating a relationship with local health care providers. The overwhelming majority of teens come to the program having already begun prenatal care if they were pregnant, and pediatric care if they had children. Redirection's main task in this service area is to assure that the quality of care is adequate, and that the teens continue to make and keep medical appointments. Consequently, more attention is paid to other program objectives: education, family planning, life management, employability and issues of welfare dependence.

A. Education

Education is a high priority at all program sites. Staff strongly

emphasize that Redirection participants must re-enroll in school and attend regularly enough to earn a high school diploma. For teens without substantial educational deficits, community resources are usually adequate to meet their needs; all sites have access to public schools, as well as alternative educational programs. Staff members, with the assistance of community women, help teens explore these options. When necessary, they assist teens in completing the required enrollment or re-enrollment procedures.

In the Harlem, Riverside and Phoenix sites, educational options also include special schools or programs for pregnant teens and teen mothers. Students enroll in these programs while pregnant, and can remain for one semester after giving birth. During that time, they receive, in addition to academic work, instruction in prenatal and post-natal health care, family planning, parenting skills and child development.

Choices are limited, however, for some teens who do not want to return to regular school. For many Riverside teens, access to GED programs in the community is limited by age, skill level and other factors. In fact, at all of the sites, some GED programs are closed to youths under age 16. Additionally, Arizona state law restricts eligibility for the GED exam to individuals who have completed at least the eighth grade.

Use of these and other alternatives is further constrained by the special deficits of many Redirection participants. The interim impact analysis found that about half of the sample was out of school at enrollment and had been out of school for a considerable length of time. Even among participants enrolled in school, 80 percent were at least a year behind grade for their age. Moreover, many in-school participants had long

since become alienated from the educational process, and for them, attending school (when they chose to attend) was primarily a social event.

Teens with the greatest educational deficits were often functionally illiterate. They were unable to read roadside signs, complete applications for employment, or understand the notices sent to them by Project Redirection. Teens in the Boston Redirection site, a third of whom were either monolingual in Spanish or had only a limited ability to speak English, bore an additional handicap.

Faced with these obstacles, Redirection sites have occasionally had to rely on supplementary educational services which they or their sponsoring agencies could directly provide. In Boston, for example, some teens were enrolled in a GED program offered by the Cardinal Cushing Center. For participants without any educational placement, the Boston site hired a part-time tutor, as did Harlem. Here, the instructor conducted pre-GED classes four times a week, hoping to develop these classes into an accredited GED course. However, poor participation, in conjunction with funding constraints, led the site to abandon this tutoring initiative.

The Phoenix site's response was the most ambitious. Aware that the public school system had previously developed an alternative educational curriculum called "Essential Skills," the Phoenix staff worked with school personnel to create a special version of the course for Redirection teens. The course, providing basic instruction in language and mathematics, met at the Redirection building for two hours, four times a week. It was led by two educational coordinators, who also served as community women, with the assistance of a tutor from the adult education department of the local school district.

At none of the sites is education urged for participants because of its intrinsic value. Instead, it is presented as useful for what it can lead to: most often, a good job. In this context, program staff have stressed only that education -- generally a high school diploma or a GED certificate -- is a prerequisite for entry-level jobs.

Only Boston deviated from always ranking education as the prime objective. Staff periodically engaged in discussions of its importance: Should a participant become stabilized psychologically before immediate demands are made upon her for good school attendance and performance? Should staff focus on equipping a participant to be a good parent or a good student? While such tensions existed in all sites, the dilemma was particularly apparent in the Boston program, where staff tended to believe that education could or should be delayed while other problems were addressed. In many instances, their philosophy seemed justified, or appeared to be a realistic assessment of some participants' lives. In other cases, it seemed to reflect instead a lowered commitment to education as the dominant program goal.

B. Family Planning: Sexual Activity, Contraception and Subsequent Pregnancy

By definition, all Project Redirection participants are sexually experienced, that experience having resulted in the conception and subsequent birth of a child. This fact affects, in very fundamental ways, how the program staff discuss with participants the whole range of topics relating to sexual activity, contraception and childbearing. It also affects the likely impact that these discussions will have on participants' behaviors.

Project Redirection community women and staff correctly take continuing sexual activity among their participants as a given. The Project Redirection interim impact analysis reported that 78 percent of Redirection participants described themselves as sexually active, when "active" was defined as having had intercourse within the past three months.

Neither program staff nor community women have felt it appropriate to counsel participants to discontinue premarital sex, although it is not clear whether they have refrained from doing so out of a belief that it is a teen's personal decision, or because they have felt it is unrealistic to expect that participants will be abstinent. Said one community woman:

> I have talked with the girls about specific methods of contraception. I don't talk about whether it is good or bad to be sexually active, even though I personally don't think it is appropriate for them. I don't advocate abstinence because I think it is their decision. They don't want to hear it and would resent it. Instead, I have shared some of my personal experiences with them. I suggest that they might consider channeling their energies in more productive ways.

Similarly, another community woman said that she does not want to impose her opinions on the teens unless they ask for them. She avoids telling her teens not to be sexually active "because the program told us not to do that. We were to be friends to the girls, not a mother."

Given this wide acknowledgement of the prevalence of sexual activity, community women and staff have concentrated most of their efforts on counseling their participants to be responsible in their sexual behavior. In all sites, participants learn about contraception in classes or workshops. However, it is the community woman who, in her ongoing conversations and interactions with participants, most reinforces the

content of these sessions in terms meaningful to the participants. For instance, the women often convey the importance of delaying subsequent pregnancies by emphasizing the negative consequences of additional children to the teens' life styles.

As a specific example, one community woman appealed to her participant's vanity by pointing out that if she wanted a slim figure, she should not have another child too soon. She added, "I told her that she'd never have a moment's rest if she had another baby close to the first one." Another community woman asked her teen to picture her future, first with one child, then with six.

Community women have tried a range of approaches to induce their participants to use contraceptives on a consistent basis. If teens claim not to be sexually active, community women encourage them to use the pill "just in case." One community woman calls her teen almost every day to find out if she has taken her pill. Another appeals to her teens' affection for her, explaining that three of her previous participants had become pregnant again. "If you get pregnant, I'm afraid I'll get terminated," has been her implicit message.

Peer group sessions are another forum in which the importance of contraception and the delay of subsequent pregnancies are discussed. At the Boston site, program staff called together a special peer group session when they became alarmed by the number of subsequent pregnancies among their participants. At one meeting of five participants, the teen whose subsequent pregnancy had just been announced responded that "If it happens, it happens." Other participants, while being careful not to be overly critical, nevertheless voiced the opinion that it would be better to finish

school first, or to wait until the first child was older.

While the use of contraception is now repeatedly stressed, program policy on how to approach this subject has evolved over time. In the early stages of the demonstration, program staff and community women usually avoided emphasizing this program objective directly, believing that if they worked instead to increase the teens' self-esteem and raise educational and other aspirations, they would develop in participants a new set of goals and motivations which might take higher priority than sexual activity, or at least serve to encourage the teens' reliable use of contraception. Staff reasoned that as teens became committed to school and careers, they would come to realize that it was in their best interests to delay further pregnancies, at least until after their education had been completed.

While there is support in both research and practice for the theory that an investment in one's own future (e.g., education) may lead to a desire to delay subsequent pregnancy, there are predictable risks to a strategy of substituting new attitudes and values for existing, well-entrenched ones. It is at best a long-term strategy, and one that, because of physiological maturation and peer group pressure, can easily fail.

It was, in fact, a veritable outbreak of repeat pregnancies that occasioned the reformulation of this low-key approach. The reflections of the Riverside project director (where the problem was exacerbated by turnover in program staff) illustrate both the problem and the steps taken to correct it.

> I'm very disturbed about the increased incidence of subsequent pregnancies among our girls. It seems like an epidemic. I know the girls are very resistant in the area of family

> planning. When we were new, we started gently -- we didn't want to be too aggressive because the girls were viewing us with jaundiced eyes and were suspicious of us. In the interest of developing rapport, we did not want to come on too strong, so we didn't enforce their use of a family planning agency or their being on birth control. We'd advise them to do this, but we didn't demand it.
>
> But now we have to be more aggressive. We will require that they use family planning clinics and that they utilize an effective method of birth control. If a teen doesn't utilize a birth control method, she'll leave us no choice but to terminate her from the program.

Or, in the words of another staff member:

> I like to let the girls make their own decisions about birth control. I don't come down as a parent and say 'you have to do this,' because they might do the opposite. I try to make them be more responsible by working on their own feelings about it...But after listening to the latest pregnancy statistics in our program, I have to push a little harder.

The Phoenix program also responded to second pregnancies by adopting a policy of terminating participants who became pregnant again. The policy was, however, inconsistently enforced.

For the most part, participants reacted to program instruction positively. Most, in fact, expressed a desire to use contraceptives consistently. For example, one participant said that "Girls who use contraception on and off and get pregnant again are just stupid. How can you get ahead if you don't protect yourself?" Some participants, however, have been adamant in their resistance. One teen refused to use contraception at all, vowing to have children until she was no longer able to. These teens were in the minority.

C. Life Management

Helping teens acquire life management skills -- that is, teaching them to become competent parents and responsible adults -- is another major

Redirection goal. The topics addressed under this rubric are many and varied, including health education, nutrition, parenting skills, personal grooming, budgeting and household management. On-site workshops, peer group discussions, individual staff counseling and informal guidance by community women are the means by which these skills are taught.

Many life management workshops are led or assisted by visiting professionals from the community. At the Boston site, a public health nurse conducted prenatal health care seminars. In Harlem, a representative from Cornell University's food and nutrition program led nutrition workshops, while staff members from Harlem Hospital provided on-site health education and family planning instruction.

As a rule, participants like the life management classes that permit active participation and dislike those that are boring, inappropriate or call for nothing in the way of response. Phoenix provides one such example. During the early part of the demonstration, a workshop run by a representative of a community organization presented the history of blacks in Arizona. The presentation, lasting 20 minutes, was actually read to participants, who understandably were not attentive.

In contrast, a session on nutrition, part of a six-week series given by another outside agency, was one which the participants seemed to enjoy. They were first given an introductory quiz on various nutrients, then asked to write down what they had eaten for dinner the night before and for breakfast. Divided into four groups, the teens planned meals, using food cut-out cards to explain their selections. In most cases, they created fairly well-balanced meals. At the end of the workshops, the leaders distributed cookbooks to participants.

Parenting education, which focuses on child-rearing practices, is a strongly emphasized life management area. Although many teens have to some extent taken care of their own younger siblings and other children in extended family networks, there is nevertheless a real interest in this topic. In fact, according to the interim impact analysis, parenting instruction is the program component participants say they find most valuable and enjoyable.

For the Redirection participants enrolled in school programs for adolescent parents, parenting instruction is a standard course. In these programs, the parenting curriculum typically includes both theory -- e.g., stages of child development -- and a parenting lab, where participants are taught infant stimulation exercises, diapering, bottle and other feeding of babies, health, hygiene, bathing and other child-care tasks. Guest speakers and school nurses generally participate.

A good example of the curriculum used in these schools is one developed for the New Futures School, a public school for pregnant and parenting teens in Albuquerque, New Mexico, where a Redirection program has been implemented as part of the replication demonstration. The curriculum makes use of a special handbook, which contains pictures, diagrams and interviews that make the more substantive material interesting and understandable to teenagers. The handbook, which seeks to instill confidence, encourages the new mother to understand and accept her responsibilities. Facts about adoption, abortion and single parenting are interspersed with biological information on the stages of pregnancy from conception through childbirth. Special attention is given to prenatal care, emphasizing proper diet, exercise, hygiene and medical care, and

warning against mood swings, tension and unrealistic expectations.

In the introduction to parenting, the discussion focuses on what it is like to be a mother, stressing that parenting will require more than dressing the baby and playing with him or her. In addition to describing the needs of the baby -- emotional as well as physical -- attention is paid to the young mother herself. Thus, topics like self-esteem and the need for the young mother to have some time to herself are given equal weight with the stages of infant development, and techniques for care of the infant. A chapter is also devoted to the new father and his role in parenting.

For participants not enrolled in such special schools, Redirection workshops are the usual format for parenting education. At Riverside, a social worker on staff, who is also a member of a local parenting educational network, is responsible for conducting workshops. She presents teens with information on how to deal with their children and the stages of development through which they will advance. She also discusses discipline, since participants usually find this difficult, and works individually with participants who have special problems. For instance, both the social worker and a nurse worked individually and together to teach the basics of infant care to a teen whose child was unusually frail.

At two of the sites, parenting instruction includes practical exercises. At Riverside, teens are required to attend a workshop, with their babies if possible, in which the social worker, assisted by one of the program specialists, teaches teens how to use toys and other objects to stimulate their babies' development. These sessions also allow staff members to witness how the teens interact with their babies, and to offer

corrective guidance when necessary. In Phoenix, several "foster grandparents," all of whom are older women, provide similar parenting skills instruction. Using an on-site nursery to which teens bring their babies, the foster grandparents teach participants how to feed, handle and generally care for young infants.

Community women are also an important resource for imparting parenting skills to participants, teaching primarily by example. Participants learn sound parenting skills by watching community women as they perform tasks for their own children. One community woman said that she explicitly "worked with her family," inviting her teens to her home so they can use her as a role model for parenting and other life management skills. In the words of another: "I use Christopher to show the girls how to handle their children. Taking him as an example, I think they learn quite a lot."

Community women also help to provide solutions to specific problems. One participant called her community woman to ask for her advice on her child's sleeping problem. The community woman kept giving suggestions until one of them worked. Another participant's child was coughing all night, and the community woman finally persuaded her to take the child to the doctor. "I told her what to look for in an infection. She said, 'Oh, I didn't know any of that.' She took the baby to the doctor, and it was an infection. Now she knows quite a bit more."

A number of instances of child abuse, neglect and harmful practices resulting from ignorance affirm further the need for parenting instruction and support for the young mother in her new role. One participant frequently "took off" and left her child with her mother. The mother, in turn, ignored the child. The community woman intervened, trying to

persuade the participant to give up her baby voluntarily. After several neighbors telephoned the police, the baby was, in fact, involuntarily taken to a foster home. Another community woman's husband saw her teen leave the baby in a car at a restaurant where the teen and her boyfriend went for dinner. That same teen, according to her community woman, also "sometimes left dangerous items around the house, like lighters or pennies that the child would put in his mouth. I try to point out these things to her, but you have to be kind of careful how you say it."

D. Employability

While basic education is the best preparation for future employment and economic independence, Project Redirection planners believed that program participants could also benefit from an exploration of the world of work and from actual work experience, if permitted by age and circumstances. The adolescent years are important ones for preparing for entry into the labor market, and adolescent parenthood, particularly for unmarried teens, increases the pressure for an early job. For most teens, however, the burdens of parenthood make this transition all the more difficult to achieve. It was in light of this reality, and because of the high risk of welfare dependency among teenage mothers, that an employment activities component was included in the program model of Project Redirection.

Despite the importance of employability training, the implementation of this component lagged seriously in Phase I of the demonstration, as noted earlier. Several factors account for this. First, Redirection staff, who tended to have experience with other types of social services, were less familiar with the nature of employability services. Second, many

staff members placed a greater priority on the educational objective, which they saw as a prerequisite for employment and thus deserving of more of their time and energy.

MDRC responded by insisting on a strong emphasis on employment activities in Phase II, requiring the sites to engage each teen in a minimum of 18 hours of employment-related activities, which were to commence within 90 days of enrollment. Redirection operators soon discovered, however, that services appropriate for Redirection participants were scarce in the community. Many employment training programs were closed to youths under 18 years of age and to those who did not have a high school diploma or GED. Moreover, cuts in national funding for the WIN program virtually eliminated access to WIN job clubs, work experience and other WIN employment services, which had been available on a limited scale during Phase I. While WIN had been viewed, in the planning stages of Project Redirection, as a major community resource for employment activities, it essentially disappeared as an option during Phase II.

Given this situation, Redirection sites had to assume responsibility for providing these services directly. On-site workshops, addressing such issues as career exploration, resume preparation and job search techniques, became the main vehicles for employability activities. Often these sessions were led by guest speakers and, at several sites, field trips to local businesses helped to improve participants' career awareness. All sites provided additional guidance in individual vocational counseling sessions.

For teens who were old enough and interested in working -- and whose situations permitted employment -- the sites offered job placement

assistance. Harlem hired a part-time job developer and, in Riverside, one of the program specialists performed this function. In Boston, counselors and community women helped teens look for employment. Summer CETA positions were also available to some Redirection participants, particularly in the Phoenix site. Chicanos Por La Causa reserved 50 of its 500 CETA slots for Redirection teens in the summer of 1982.

Of all the Redirection sites, the Phoenix program developed the most impressive set of employment-related activities. Funded entirely by the State of Arizona, the Employment and Training Component, as it was named, was open to Project Redirection teens between the ages of 17 and 19.[1] The program first offered participants an introduction to the world of work through a week-long orientation session held at the Redirection facility. This session was followed by an assessment of the teens' vocational interests and skills, and by the creation of individualized employability development plans. Participants than received an average of 20 weeks of skills training at one of four training centers in the community. Participation was scheduled as a full-time activity, five days a week.

The other sites had less intensive components, and generally participants were instructed in the kinds of skills, attitudes and behaviors which are necessary for obtaining and holding a job. An employability workshop, observed at the Harlem site, is typical of the sessions offered.

Conducted by Harlem's part-time job developer, the workshop was well-attended, with approximately 20 participants and five boyfriends present. The first part of the workshop dealt with questions that typically come up in a job interview. The leader asked participants how

they would respond or gave examples of appropriate responses himself.

The questions and responses covered previous work experience. First participants were told to make any prior jobs sound as impressive as possible. For example, they were advised to say that they had been employed to do clerical work, rather than just filing, and that they should in addition list all of the tasks associated with a job; e.g., answering telephones and light typing. To a question about weaknesses, participants were told to present them, when possible, as assets -- such as, "I'm too much of a stickler for details." When asked about strengths, applicants with little experience were told to emphasize their ability to get along well with people and their willingness to learn quickly and work hard. Since in most interviews applicants can question the employer, teens were told to delay their questions about hours, wages, vacation and overtime until they had asked about the specifics of the job.

In the second part of the workshop, a participant played the role of an applicant for a nurse's aide position. In the opening sequence, the job developer pointed out to the teens the finer points of dressing for an interview, introductions, the handshake, waiting to be asked to be seated, the placement of the purse, and how to sit with hands relaxed in the lap. Responding from her real experience as a volunteer in hospitals over three summers, the participant described her previous experience: typing, filing and transporting patients. She said, in response to a question, that she would hope ultimately to move on to lab work. Though clearly a staged and rehearsed event, this interview went over extremely well with the assembled group.

Workshops held for fairly large groups were only one way the Harlem

program met the program's employability requirements. The job developer there worked intensively with participants who were ready for job search, teaching them individually how to complete resumes, how to conduct themselves in an interview and, in general, what it takes to get a job. In his opinion, it was important for Redirection participants to acquire secretarial and clerical skills; even though this kind of work might not be the participants' ultimate goal, those skills made the teens easier to place. The most common difficulty in developing jobs for Redirection participants, he found, stemmed from the reservations employers had -- not about the teens' age or their low skill levels -- but about the adequacy of their child-care arrangements.

E. Reduction of Welfare Dependency

The issue of welfare receipt, while tied to employability, deserves special discussion. Economic self-sufficiency is particularly important for this group so at risk to welfare dependency. Indeed, popular opinion suggests that many teens plan pregnancies in order to receive welfare grants. However, as discussed earlier, the ethnographic study on Project Redirection, Choices and Life Circumstances, found no such evidence among participants; in fact, the baseline study for the impact analysis found that most teens in this sample had a positive orientation towards work. Very few expressed interest in welfare or illegal street activity as a substitute for employment. Indeed, it would appear that adolescent parents have a greater inclination toward work than education, since sizable numbers of them have had unrewarding school experiences.

In spite of the teens' generally low scores on tests of employability knowledge, they expressed a strong desire for employment training. When

participants think of their future working lives, they most frequently picture the traditionally female white-collar occupations, usually of a secretarial or administrative nature. One rarely hears that participants have an interest in entering the more highly-paid professions. Program staff are generally supportive of these choices, attempting to steer participants into training programs that will permit them to be able to support themselves and their children after a short period of time.

In most Redirection sites, staff have seen very little in the way of a "welfare mentality" among participants. As one staff member said, "Most participants know that welfare does not pay and, if nothing else, they will not be able to dress themselves and their children the way they would like to on welfare." This was particularly true in the Phoenix program, since welfare payments in Arizona are low and unlikely to act as an incentive to long-term dependency.

At the Harlem site, however, there was a dialogue on the issue of welfare dependency that is particularly instructive. Staff initially took an activist stance in their efforts to intercede with the welfare system on behalf of the participants, believing that these teens should receive all the benefits they could. Program efforts were expended to help participants sign up for welfare or to get them reinstated, to make adjustments to their grants, and to help them obtain housing allowances. The program initially took special pride in its success in procuring emancipated minor status for several teens under 18, who could then receive separate welfare grants.

This outlook changed, however, when it appeared that behavioral patterns typical of older WIN clients were beginning to emerge in these

young participants. It seemed that many were beginning to view getting their own welfare grants as the next stage in their careers. In addition, it became apparent that some participants' requests for separate grants and independent households were too often a sign of manipulation by boyfriends, in whose interest it was to have a girlfriend on welfare with an apartment of her own.

Redirection staff realized that these attitudes and behaviors were becoming counterproductive to the program goal of promoting self-sufficiency, and they abandoned their early activist stance, even though they were fully aware of the difficulties of the day-to-day circumstances of participants. Now, when a participant enrolls in Redirection, she is simply registered for WIN and certified for child-care services.

The issue of welfare dependency, however, is one that is continuously debated by participants, parents and community women in the Harlem program. In the words of one community woman, "I hate welfare. I tell my teens to use it, put it behind you, and never look back on it." Community women have also come out very strongly against emancipated minor status for participants, feeling that it is better that teens remain under family guidance, no matter how difficult the family situation or conflict may be.

Participants, on the other hand, have related incidents that show all too clearly their need for public assistance. In some cases, they say they have little money of their own because their parents refuse to give up economic control, or are too proud to accept welfare. For instance, one participant said she was unable to obtain Food Stamps, Medicaid or welfare because her mother refused to cooperate. It was the mother's contention

that, in spite of a large family and a low income, she could take care of her family herself. In another case, a participant petitioned, over her mother's objections, to receive separate payment of her part of the mother's welfare grant; the mother's alcoholism often meant that household expenses could not be paid.

F. Other Services

The services discussed above represent the core activities of Project Redirection. These were supplemented by recreational activities and other forms of assistance necessary to meet the critical needs of many participants.

At each of the sites, recreational activities included field trips to local points of interest such as museums, zoos and parks. With the exception of Riverside, the physical settings of the sites have also encouraged informal contacts among teens. As noted earlier, they have provided space and time for the teens to get together informally at the site's facilities. In Riverside, however, space and transportation problems precluded use of the Redirection building as an informal gathering place. Instead, social events such as bowling trips, swim parties and picnics were scheduled on a monthly basis. Redirection staff members and community women participated in these events, and some teens brought along family members and boyfriends, who were always invited.

Transportation assistance became an important ancillary service at the Riverside and Phoenix sites. Because of the large geographic spread of these communities and their limited public transportation systems, teens found it difficult to travel to and from program activities. Community women and program staff members took on the task of shuttling teens to the

site and home again, and often to and from appointments in the community as well.

Earlier in the demonstration, some funds had been made available to the Redirection sites for the purchase of child-care services for participants. Program planners had anticipated that many teens would require day care for their babies in order to participate fully in school and employment-related activities, and to effectively manage other tasks. The greatest efforts to procure market day care were made at the Harlem and Phoenix projects, where this responsibility was assigned to the WIN SAU workers.

As it turned out, the demand for these services was minimal. Most Redirection teens received substantial child-care assistance from their families, and preferred these arrangements to the market options which the program could provide. Both the baseline and 12-month follow-up surveys found, for example, that the teens' own mothers were the most important child-care providers. Many teens, in fact, expressed a reluctance to use formal child care, often because they feared leaving their children with strangers. Although some one-fifth expressed a desire to change their arrangements, over 90 percent indicated that their current arrangements did meet their needs.

Many of the young mothers brought their children with them to on-site program activities. The sites usually provided child care, often with the help of community women or other volunteers. At all of the sites, many teens kept their babies with them during program activities. This, however, was not encouraged because of the distractions children cause.

A problem more urgent than child care was the need to find temporary

or alternative housing for a small number of teens who needed respite from hostile family situations, or whose parents forced them to leave home. While the problem existed to some extent at all sites -- and was exacerbated by a scarcity of temporary shelters for teens with small children -- the situation was particularly acute in the tight housing markets of Harlem and Boston, where there were also more teens in need of accommodations. Consequently, staff members and community women at these two sites, as well as the SAU worker in Harlem, devoted substantial amounts of time and energy to helping teens look for housing.

Individual counseling for personal problems -- such as difficulties with family members or boyfriends, and a host of other emotional problems -- was an important ancillary service offered by all sites. While community women were always available to the teens as confidantes -- and peer sessions provided a group forum for sharing problems -- program counselors and sometimes other staff members met individually with participants on a monthly basis and more frequently when serious problems arose. When the situation seemed to warrant it, referrals were made to mental health professionals.

CHAPTER IV

PROGRAM MECHANISMS: THE COMMUNITY WOMEN, INDIVIDUAL PARTICIPANT PLAN AND PEER GROUP SESSIONS

This chapter considers the primary mechanisms through which Project Redirection attempts to reach and serve its participants -- the community woman component, peer group sessions and the Individual Participant Plan. The community woman component is described first and in most detail, because it is the hallmark of the Project Redirection treatment, the program component that distinguishes it from other service programs for adolescent parents.

I. The Community Woman Component

A. Background

The community woman concept evolved from a demonstration program developed by the Sisterhood of Black Single Mothers in Brooklyn, New York, and funded by The Ford Foundation. That program's experience suggested that teenage mothers could reap important educational and work-related benefits through the development of one-to-one relationships with mature women from the community, many of whom had shared similar life circumstances and had surmounted some of the problems associated with being single parents.

The Brooklyn program was initially a small grass roots intervention, in which the older single women volunteered their services. A key question for Project Redirection was whether this treatment could be effectively replicated in a larger, more systematic way as part of a comprehensive program for teenage mothers and mothers-to-be, while retaining the

essential character of the original intervention. Issues important to address were: Can women from low-income communities be mobilized in an effective manner to volunteer their services on behalf of other members of their community? If so, what kinds of women come to the fore -- what personal characteristics and experiences do they bring to the task? Is it then possible to develop a demographic profile of the successful community woman? And lastly, how well did the sites respond to the task of maintaining an adequate pool of trained community women?

B. Characteristics

The community woman in Project Redirection has a demanding position, in terms of both time and emotional energy. Program guidelines require that she be available for a minimum of five hours a week per teen to assist in a variety of tasks and to offer emotional support and guidance. The woman may be assigned up to five teens at any given time, and she receives a weekly stipend of $15 per teen to help cover her expenses. Thus, the community woman is, paradoxically, a "paid volunteer."

Early Redirection guidelines specified that community women must be able to devote the requisite amount of time to the program, be willing to foster program goals, reside in the communities of the teens, demonstrate community involvement, and be capable of producing written reports and filling out forms. Beyond those requirements, program planners had no idea who would work out best in this new and untested role -- for instance, whether women on welfare would do as good a job as those who were not, or if women without children would be as helpful as parents. Accordingly, planners left the development of future criteria to the local program operators who, they reasoned, were more familiar with both the sources for

recruiting community women and the needs of the teens.

It is therefore not surprising that, as Table IV-1 indicates, the community women were a diverse group. While the average age of these women was 34.4 years, about one-third were either under 25 or over 45. Almost half of the women were married and living with spouses; the remainder had either never married or were separated, divorced or widowed. Across all sites, five out of six community women had at least a high school equivalency degree. Seventy-two percent were not working when they joined the program, but about half had been active in their communities, most often in church groups.

The ethnic distribution of community women generally tended to mirror that of the teens in their respective sites, except in Riverside. There, the majority (60 percent) of the community women were white, while the participants were a more racially diverse group: 22 percent were black, 29 percent Hispanic and 46 percent white. Because this imbalance was perceived as problematic, program staff at Riverside were constantly engaged in an attempt, albeit unsuccessful, to recruit more black and Hispanic community women.

A second imbalance between the characteristics of Riverside's community women and participants is less apparent from the data presented in Table IV-1. Consistent with program eligibility guidelines, teens at Riverside were generally low-income. A fair number of community women, however, were quite affluent. As discussed later, this disparity was one which caused difficulties to program staff.

Across the sites, about a quarter of the women were receiving AFDC; this was especially prevalent in Boston. Some 85 percent of all community

TABLE IV-1

SELECTED CHARACTERISTICS OF COMMUNITY WOMEN ENROLLED IN PROJECT REDIRECTION, BY SITE

Characteristic at Enrollment	Boston	Harlem	Phoenix	Riverside	Total
Age (%)					
25 Years and Younger	18.5	10.5	15.7	17.6	15.8
25-34 Years	40.7	39.5	47.1	48.5	45.3
35-44 Years	29.6	21.1	23.3	19.1	22.7
45-59 Years	11.1	21.1	12.9	13.2	14.3
60 Years and Older	0.0	7.9	0.0	1.5	2.0
Mean Age (Years)	34.2	38.1	33.4	33.5	34.4
Ethnicity (%)					
White	0.0	0.0	21.4	60.3	27.6
Black	0.0	97.4	37.1	20.6	37.9
Chicana	3.7	0.0	34.3	19.1	18.7
Puerto Rican	66.7	2.6	1.4	0.0	9.9
Other Hispanic	29.6	0.0	2.9	0.0	4.9
American Indian/Alaskan	0.0	0.0	2.9	0.0	1.0
Marital Status (%)					
Never Married	7.4	36.8	10.0	7.4	13.8
Married, Spouse Present	25.9	23.7	58.6	64.7	49.8
Married, Spouse Absent	29.6	28.9	10.0	10.3	16.3
Widowed/Divorced	37.0	10.5	21.4	17.6	20.2
Head of Household (%)	92.6	73.7	35.7	36.8	50.7
Living With Own Children (%)					
Under 6 Years Old	44.4	34.2	47.2	42.7	42.9
Between 6 and 12	37.0	39.5	54.3	38.2	43.8
Between 13 and 18	44.4	26.3	35.7	25.0	31.5
Older Than 18 Years	18.5	15.8	10.0	10.3	12.3
Currently Receiving AFDC (%)	85.2	34.2	12.9	14.7	27.1
Highest Grade Completed (%)					
9th Grade or Less	29.6	5.3	7.1	0.0	7.4
10-11th Grade	18.5	6.9	14.3	1.5	9.4
12th Grade	40.7	47.4	37.1	45.6	42.4
More than 12th Grade	11.1	39.5	41.4	52.9	40.9
Mean Grade Completed	11.1	13.1	12.5	13.4	12.7
Highest Degree Obtained (%)					
None	22.2	10.5	18.6	5.9	13.3
High School Diploma	22.2	42.1	37.1	48.5	39.9
GED	40.7	5.3	15.7	1.5	12.3
Associate	3.7	10.5	12.9	14.9	11.8
Bachelor's	3.7	23.7	8.6	19.1	14.3
Vocational/Trade	7.4	7.9	7.1	7.4	7.4
Master's/Doctorate	0.0	0.0	0.0	2.9	1.0

(continued)

TABLE IV-1(continued)

Characteristic at Enrollment	Boston	Harlem	Phoenix	Riverside	Total
Current Employment Status (%)					
Employed Full-Time	0.0	5.3	13.4	33.3	17.2
Employed Part-Time	7.4	10.5	10.4	15.2	11.3
Not Employed	92.6	84.2	76.1	51.5	71.4
Involved in Community Activities (%)[b]					
Church Groups	48.2	44.7	50.0	52.9	49.8
Schools	11.1	42.1	48.6	29.4	36.0
Politics	11.1	31.6	7.1	2.9	10.8
Social Organizations	3.7	29.0	14.3	11.8	14.8
Charities	3.7	15.8	28.6	14.7	18.2
Other	25.9	13.2	12.9	14.7	15.3
Total Number Enrolled	27	38	70	68	203

SOURCE: Tabulation of Enrollment Forms in the Project Redirection Information System.

NOTES: The data cover all community women enrolled in the four Project Redirection sites from July 1980 through January 31, 1983 who were ever active in the program.

Percentage distributions may not add up to exactly 100.0 because of rounding.

[a]This category includes college and vocational training ever taking place after completion of high school.

[b]Women could give more than one response.

women at that site were public assistance recipients. Boston community women were also less likely to have finished high school than those at the other sites, although many had completed GED programs.

C. Roles and Responsibilities

Community women perform a wide range of tasks for both the teens with whom they are paired and the program as a whole. For purposes of discussion, they can be grouped into the following categories: instruction and problem-solving; serving as a confidante to their teens; reinforcing program objectives; monitoring teens' behavior; and performing program-wide responsibilities. Chapter III discussed the role of the community woman in helping participants with problem solving in specific areas. This section describes in greater detail their relationships with the teens.

The community woman is primarily responsible for reinforcing Project Redirection's objectives through her interactions with the teens. She does this through repeated articulation of the hopes and expectations that the program has set for the teens, through her own self-presentation as a role model, and through instruction in ordinary life management tasks. Community women translate long-range program goals into concrete terms meaningful to both themselves and the teens. In describing how she reinforces the program goal of educational attainment, for example, one community woman said, "I keep talking about the importance of education, and after hearing me on the subject for a while, it begins to make more sense to them." About birth control, another stated that periodically she asks her teen "if they've remembered to take the pill, if they need any appointments, and so on. I've always encouraged them to use birth control."

The community woman also teaches the teens new values and behavior. For example, she may draw upon her own experiences and permit participants to "shadow" her as she raises her own children. Community women have also gone shopping with teens and taught them how to select foods, helped them open checking accounts, taught them to sew, helped them to get their drivers' licenses, taken them to the library, and invited them to their homes to plan menus and to cook.

A community woman also serves as a confidante in many cases. According to one teen, her community woman is "like a godmother -- I tell her things I don't tell anyone else. With my community woman we talk about how I am, how I feel." Another: "I'd rather call my community woman (than program staff). I think it's easier to talk to her. I feel comfortable around her. The community women: they're just like a big sister."

In all four sites, there seems to be a fairly standardized division of labor between community women and program staff. The community woman's sphere of influence lies in areas that are literally and figuratively beyond the reach of staff. Community women are the hands and feet of the staff, serving as a vital link between the program and the participant. This is particularly true if the teen lives far away from the site or if the program's physical space does not easily lend itself to informal socializing. In these circumstances, the scene of community woman/teen interaction shifts either to the teen's or the community woman's own home.

The information and insight to which the community woman has access by virtue of this special on- and off-site relationship form the raw material used by program staff to monitor teens' progress and make decisions about their plans of action in Project Redirection. As noted earlier, community

women convey pertinent information to staff in a weekly review meeting. Any special problems are highlighted and possible solutions are discussed. It is sometimes the professional staff who must carry out the indicated action -- for instance, talking to a teen about her school attendance or referring a participant to a mental health therapist. At other times, it is the community woman who must follow up. And, as one community women notes, this is an extremely important part of the role: "If you see something going on and you don't do follow-up quickly, you lose the teen. And if you go a long time without seeing a girl, by the time you do, there's another problem piled onto the first."

Community women can fulfill their special role because they are able to both enter the lives of the teens and their families and to interact effectively with professional staff. Coming from backgrounds similar to those of participants, they can in some respects be considered "insiders." On the other hand, perhaps because of their educational and other life experiences, these community women also espouse attitudes and values which are consistent with program objectives.

Many of the women shared with participants the experience of having been adolescent mothers. Yet they had been able to overcome this initial disadvantage and move in a direction consistent with program goals. One community woman said that she had taken on responsibility in Project Redirection because she herself had gone through teen motherhood; she recalled that, "You lose friends and feel lonely." Her hope is that "I went through all that and came out all right. Maybe I can help someone else." Another community woman joined the program after having seen a local newspaper advertisement. She herself had become pregnant and married

at 13, but did not become pregnant again until she was 20. She thought that her own experience would enable her to offer something to the teens.

The community women's relationships with teens have ranged from "comfortable and close" to "comfortable and distant" to "cold and distant." Thus, in some cases, relationships have been close and mothering, and participants have really appreciated the community woman's presence. As one teen said, "She is always there when I need her." Especially for the minority of teens who come to the program irrevocably alienated from their families, for a somewhat larger group who are temporarily estranged, community women have on occasion become surrogate mothers.

For the largest number of relationships, however, community women have interacted with teens as big sisters or friends, not as mothers, influencing them primarily through information and suggestion, rather than by "laying down the law." On the whole, teens in this kind of relationship have perceived the role of the community women largely as helpful in specific tasks, with a background of cordial and friendly relationships. A small number of teens, however, have regarded their community women as little more than strangers and have been insistent about not sharing confidential information with anyone.

The relationship between the community woman, the participant, and the participant's mother is particularly sensitive. (See Levy, 1983.) Initially, there was understandable concern that the teen/community woman relationship might weaken the teen/mother relationship. This could constitute a serious threat to program objectives, which seek to supplement the total amount of resources available to teens, rather than substitute one form of support for another.

In such relationships, community women have learned to tread lightly, concentrating their efforts on providing program support. For instance, a community woman may interact with her teen in such diverse activities as showing her parenting skills, and transporting her to appointments, but she will not attempt to be the teen's "mother" or to replace those functions which the mother sees as her own perogative. When conflict, or the potential for conflict, with the mother arises, the community woman will try to make skillful readjustments in her own role.

Despite this caution, there have been a few instances of conflict between the community woman and the mother. In these cases, the teen's mother is usually reported to have felt that the community woman was too intrusive or was playing a role legitimately her own (Levy, 1983). Rarely is the opposition expressed directly. Rather, field researchers have described it as taking the form of the mother controlling her daughter's time and free movement so as to make interaction with the community woman difficult. In most instances, however, the mothers of participants are accepting, if not outright desirous, of having another source of adult influence in their daughters' lives.

Much of the possibility for conflict between the community women and the mothers is neutralized through home visits, routinely made by most community women. On the first home visit, the community woman explains the program goals and her own role, and expresses the hope that both the teen and her family will benefit from the fact that she is participating to Project Redirection. Home visits also place a check on the tendencies of some teens to overstate difficulties in their relationships with their mothers.

Interaction between tne boyfriends of the teens and community women have been limited. Most have taken place when a boyfriend accompanied the teen to the site, but on occasion, teens have brought their boyfriends to social outings along with their community women. Community women have also interceded with boyfriends and the few husbands on behalf of the teens. For instance, one woman talked with a teen's husband and was successful in getting him to agree that the teen could return to school.

Community women also perform services that extend beyond their duties to assigned participants, particularly in Harlem. Harlem's community woman component has always included activities related to the participant group as a whole. Using a committee structure, the women have taken responsibility for such tasks as on-site babysitting, organizing holiday events which involve boyfriends and families, or canvassing local businesses for donations. At several sites, community women have delivered educational services to participants. One Harlem community woman gave a weekly writer's workshop for a group of teens, and a community woman in Phoenix initially taught the on-site GED classes, which met for eight hours a week.

D. Implementation Questions and Issues

1. Recruitment and Assignment. Ensuring that each teen is assigned a community woman is a critical implementation task, and one that has sometimes posed problems for the sites. Over the course of the demonstration, 10 percent of the teens were not paired with community women (See Table IV-2). Boston matched all teens with community women, but in Phoenix, 3 percent and in Harlem 15 percent of the teens were never assigned to a community woman. In Riverside, the only site to have a serious problem, a full 31 percent of the participants left the program

TABLE IV-2

PERCENTAGE DISTRIBUTION OF TEENS ENROLLED IN PROJECT REDIRECTION BY NUMBER OF COMMUNITY WOMAN ASSIGNMENTS AND SITE

Community Woman Assignment	Boston	Harlem	Phoenix	Riverside	Total
No Community Woman Assigned	0.0	15.2	3.0	31.6	10.3
1 Community Woman Assigned	62.7	69.5	58.8	62.0	63.0
2 Community Women Assigned	24.6	20.7	30.6	27.8	26.2
3 or More Community Women Assigned	12.7	9.8	10.7	10.1	10.7
Total	100.0	100.0	100.0	100.0	100.0
Total Number Enrolled	142	250	299	114	805

SOURCE: Tabulation of IPP Forms from the Project Redirection Information System.

NOTES: Percentage distributions may not add up to exactly 100.0 because of rounding.

without ever having been matched to a community woman.

There could be a number of reasons why this matching never took place, but the first and most obvious is recruitment difficulties. Riverside was the only site to experience such a problem. In Harlem, the situation was just the reverse; there was a long waiting list, with inquiries about possible openings from as far as 50 miles away. Community women were recruited from many sources, including local organizations and churches. About a third came on the referral of a friend, often someone who was already a community woman.

Riverside's recruitment problem was caused in part by the far-flung nature of the community and the resulting transportation problem, and in part because of the disruption in program staff, described earlier. The limited number of community women was particularly a problem in mid-1982, when the program experienced a surge of teen enrollments. Staff, while busy launching an active campaign to recruit new volunteers, attempted to fill the void themselves, performing functions usually left to community women. The problem continued until mid-1983, when the decision was made to curtail teen enrollment until the pool of community women was large enough to serve the current group of participants.

Project Redirection staff initially questioned whether community women had to reside in the same community as their teens in order to be effective. From knowledge accumulated over the course of the demonstration, the answer appears to be "yes," if a community of shared values and experience -- not a geographic community -- is the reference point. For instance, Riverside initially recruited a number of community women from a distinctly higher socioeconomic stratum than that of the

teens. Many of these women did not understand the public assistance bureaucracy and could not help teens who needed assistance in managing the system. They were, in effect, learning at the same time as teens; in many instances, the teens themselves knew more than the women did.

Another problem was their lack of scheduling flexibility. Project Redirection required that community women be able to vary their hours according to the teens' needs. This was not usually convenient for this group of volunteers.

Even more serious was the disparity in outlook between these community women and their teens. The women -- described by one staff member as appearing at meetings in furs and jewels -- were too much "outsiders" to fully comprehend the life conditions of the teens. The world of domestic violence, housing projects, homelessness, and in many cases, abject poverty proved overwhelming. Understanding this, many of those women left the program after a relatively short time. In other cases, the matches simply did not take.

There is, however, a place for the traditional volunteer in Project Redirection. Project Redirection project directors have outlined a number of roles -- among them fund raising, workshop and seminar presentations and administration -- that could be filled by such women. The community woman's role, however, seems best reserved for women who possess a background combining the insider/outsider perspectives described here.

By extension, the sites have found merit in making "same-race" matches between participants and community women. The defining example comes again from Riverside, where it was easier at first to recruit white community women than those from other ethnic groups. Then, after a less than

satisfactory experience with cross-race matches, the program staff made a concerted attempt -- through advertisements in ethnic newspapers and presentations to black and Hispanic organizations -- to recruit a group of women that better reflected the racial distribution of participants. This generally proved a more satisfactory arrangement.

2. Attachment of Community Women to the Program. Of the 90 percent of teens who were assigned to community women, the majority -- 63 percent -- were paired with one community woman who remained with them throughout their program stay. However, 26 percent had two community women, and the remaining 11 percent had three or more. The likelihood of having more than one community woman varied by site, with Harlem teens most likely to have a single community woman.

Out of all community women reassignments, 6 percent came at the teen's request, 6 percent at the request of the community woman, and 13.9 percent were instigated by program staff. In almost all cases, some form of incompatibility between community women and teen brought about these reassignments. Community women asked for reassignment when they felt they were unable to reach or help their assigned teen. Staff, similarly, sometimes decided that a match was not working. Finally, when teens themselves found it difficult to confide in their community woman, or felt the match just did not work, they sometimes requested a new assignment.

The majority of reassignments (74.4 percent), was caused by community women leaving the program. High rates of turnover are typical in programs using volunteers, and Project Redirection was no exception. Table IV-3 presents several indicators of retention and length of stay, by site. The table shows that, across sites, 22 percent of all community women ever

TABLE IV-3

RETENTION AND LENGTH OF STAY OF COMMUNITY WOMEN ENROLLED IN PROJECT REDIRECTION, BY SITE

Indicator of Retention and Length of Stay	Boston	Harlem	Phoenix	Riverside	All Sites[a]
Community Women Still Active as a Percentage of Community Women Ever Enrolled[b]	0.0	50.0	18.7	17.7	21.7
Mean Length of Stay (in Days):					
All Community Women	300.5	468.5	313.8	376.0	361.8
Community Women Still Active	-	697.4	554.5	434.5	539.0
Community Women Who Terminated	300.5	239.6	258.8	363.4	295.8
Length of Stay (in Days) for Community Women Who Terminated (%):					
1-89 Days	11.1	31.6	17.5	17.9	18.2
90-179 Days	33.3	15.8	28.1	19.6	14.5
180-364 Days	22.2	31.6	35.1	12.5	24.5
365 or More Days	33.3	21.1	19.3	50.0	32.7
Number of Community Women Ever Enrolled	27	38	70	68	203

SOURCE: Tabulation of IPP Forms from the Project Redirection Information System.

NOTES: Percentage distributions may not add up to exactly 100.0 because of rounding.

[a]Differences across the sites are statistically significant at the 5 percent level using a two-tailed t-test.

[b]Refers to community women still active as of December 31, 1982.

enrolled were still active as of the end of Phase II (December 31, 1982). This figure is somewhat elevated by the fact that all Boston community women were terminated when that site was phased out of the demonstration. The average length of stay was 362 days, indicating a high degree of commitment at all sites. Harlem was most effective in retaining a stable core of community women. Fully half of those ever enrolled remained active, and the mean length of stay -- 697 days -- exceeded that of still-active community women at any other site.

In some cases, turnover might be desirable; it allows women with fresh outlooks and abilities to replace those whose energies may have been depleted, or whose commitment has become tenuous. But turnover also poses difficulties, especially when large numbers of community women leave the program at once and replacements cannot readily be found. Staff believed that in Redirection, turnover affected the teens' performance and that it was hard for them to transfer their confidence and affection from one community woman to another.

It is not impossible, however, to reduce turnover and increase the attachment of community women to the program if early moves are made by the staff to structure and strengthen the role. In Harlem, as previously noted, the site organized a number of community woman committees. Some of these committees became an integral part of the program, and women not yet assigned were given responsibilities on them, partly in the hope that this work would keep up their interest in Redirection. In time, the committees came to serve as an important social function for many of the women, and may have provided them with emotional support as well.

In building commitment to the program, it is important that there be

an explicit reward structure built into the community woman organization. Phoenix gives a "Community Woman of the Year" award. In Harlem, the rewards are opportunities for greater visibility. For instance, an invitation to attend the Harlem YMCA's annual Black Achievers Awards dinner provided the women with the opportunity to meet local and national black officials and personalities; it was a highly coveted prize among community women. Similarly, invitations to attend briefings held at MDRC, to take part in presentations to funding agencies, or to speak at press conferences announcing research findings were all received with pleasure. In addition, the Harlem program often gave both teens and community women free tickets to cultural events. For women who were retired or otherwise out of the labor force, Project Redirection could be a major outlet for both their social and altruistic needs.

One lesson to emerge from the Harlem experience is that community women participate in Project Redirection in order to meet their own needs as well as those of the teens. Harlem community women use the project living room/nursery as much as the teens. On any given occasion, one is likely to see four or five community women on site, either taking part in activities with teens or program staff, or simply talking to each other. They tend to arrive at or about 10 A.M., to leave at mid-day to buy their lunches (which they often bring back to the living room), and to stay until about seven, when program activities cease.

These observations suggest that it is as important to cultivate a warm atmosphere and a system of tangible and intangible rewards for the community women as for the participants. Such factors -- recognition, "perks," opportunities to learn and advance -- are as instrumental in the

mobilization and retention of community women as is the stipend they receive. While these practices will not totally prevent turnover among community women, they seem to have been singularly effective in the Harlem Redirection program.

Community women training is an ongoing program function and it, too, can serve as another means of attaching the women to the program. At all sites, new community women usually attend a formal training session, generally a condensed version of the seven-day training course held when the demonstration first began. Harlem and Phoenix make perhaps the most extensive training efforts. During the latter part of the demonstration, each prospective Phoenix community woman was required to attend a one-day training session, after which she was assigned to accompany a senior community woman for 10 hours as the latter made her rounds. During this time, the candidate observed a home visit, a teen rap session and learned the procedure for developing IPPs and other documents. Subsequently, the senior community woman and the community woman liaison made a joint decision about the candidate's suitability for the program. Harlem, too, uses the "buddy system" to help train new women.

In-service training sessions are also held at every site on a regular basis, usually at least monthly. These sessions vary widely; some that convey information about specific topics (e.g., family planning, substance abuse, family violence) are balanced by others focused on the community woman's role (communication skills, coping with stress). All sites view this training as a critical means of enhancing the community woman's effectiveness in, and commitment to, the program.

3. Volunteer Status. Unlike the prototype in the Sisterhood of

Black Single Mothers, community women in Project Redirection receive a stipend. For each participant with whom the community woman is paired -- and she may be paired with as many as five participants -- she receives $15 a week. Thus, at $75 a week, it is conceivable that the Project Redirection community woman role is more akin to that of a part-time employee than a volunteer. While there is little evidence from the Phase II period that can speak directly to this question, the experience of the Boston site may be instructive.

Initially, Boston's community women were part-time (25 hours/week) employees paid through CETA Title II-D funds. In the spring of 1981, the site lost its CETA funding, and Boston's community woman component consented to the same "paid volunteer" arrangement as other sites. This change caused considerable consternation among the Boston community women, who felt they were taking a step backwards. They had lost not only the income, but also such fringe benefits as sick days and Social Security coverage. Five of the 10 community women resigned immediately, and another three a few months later, one having found full-time employment and the other two reporting that the stipend they received was inadequate. Although program staff worried about finding replacements, they were able to do so within a reasonable period of time.

Boston's situation suggests that the community woman component can be successfully operated with part-time employees, and furthermore shows that an abrupt change in the paid volunteer status was difficult for the women to accept. It provides no insight, however, into the question of whether the component could successfully function with true volunteers -- women who are not reimbursed for expenses or paid stipends. The only evidence on

psychologist, discussed their reactions to the second pregnancies which were occurring with some frequency in their group. Suggestions were made as to why it would have been better for these teens to have delayed a subsequent pregnancy, reasons such as the need to complete school, to recuperate from childbirth, and to be able to give each child adequate attention. Teens also discussed relationships with their mothers, with attention focusing on one teen who had been abandoned by her mother and raised in a number of foster care homes. This teen pointed out that since her mother had never cared for her, she was highly motivated to show how well she would care for her own daughter.

In their discussions of men -- their boyfriends and husbands -- teens at this session were particularly interested in what kinds of men could most likely be trustworthy: younger? older? religious? Labor and delivery experiences were other topics of conversation, as were birth control and the pill, and problems common to the teens in their communities, such as housing, burglaries, and the like.

III. The Individual Participant Plan (IPP)

The Individual Participant Plan is the blueprint for a teen's participation in Project Redirection. (See Appendix B for examples.) This is the document through which the program takes into account the teen's individual situation -- her age, school status, support network, aspirations, strengths and needs -- and brings to bear upon it the full range of Redirection resources.

The process of developing the Individual Participant Plan begins with intake. Usually initiated by a counselor or social worker, the first step

is an interview in which enough information is elicited to make tentative judgments on which services are appropriate and how much exposure is necessary to meet agreed-upon goals. This background information is shared with the community woman supervisor in those programs which have one. She and the social worker jointly make the community woman assignment, based on such considerations as availability, geographic proximity of the participant and community woman, similarity in personality and interests, and the fit between the needs of the participant and the abilities of the community woman.

The next step in this process is a meeting to develop and decide on the Individual Participant Plan. The teen, social worker and community woman all attend. Although in most cases preliminary plans have been formulated, staff strongly believe that is it important that the teen play a substantive role in the decision-making, since the explicit philosophy of the program is to help participants assume greater control of their lives. Staff therefore try to actively involve teens in the development of options for their own medical care, schooling and life management. Through the IPP process, staff explain, a teen can learn to plan -- a skill that many people never acquire.

This multi-step process posed considerable difficulties for the Redirection sites in their early period of program operations. In Phase II, procedures were made more efficient, so that participants signed their IPP's, on average, 48 days after enrollment.

The document that the Individual Participant Plan most resembles in both concept and format is a contract. It generally has three parts. The first provides important information on the teen's current status,

background, characteristics, needs and goals. The second part -- the bulk of the document -- details her service utilization plan while in Project Redirection. Each of the major service areas is listed as a separate category, and under each, the appropriate services are detailed. Thus, for example, the IPP lists what kind of educational placement -- regular public school, a GED program, a school for adolescent mothers -- has been agreed upon and gives a starting date. For employability, the IPP records whether the teen has been scheduled to attend on-site workshops or referred to an external service provider for job training, Similarly, clinic appointments and life management workshops are noted.

In the final section, the teen accepts the plan. In the Riverside IPP, for example, the teen, in signing the document, acknowledges that she has participated in the development of the plan and agrees to follow it, with the understanding that payment of a $30-per-month stipend is contingent upon satisfactory participation and progress. The teen's assigned community woman and social worker also sign. All told, the document averages six pages in length.

For the more hands-on, day-to-day management of a teen's participation, a briefer document is prepared. For this purpose, the Redirection sites have developed a monthly (in the case of the Harlem program, quarterly) IPP form that is the working blueprint for participants, community women and program staff. This document is often no more than a single page long, and is usually written in a style and level of language that a participant is likely to feel comfortable with; in some cases, it is the participant who fills it out.

Although the time span is shorter, the information covered in this

form is the same as in the initial document. It does allow, however, for greater individualization and more detail than the larger document. For instance, the Riverside monthly IPP includes the participant's description of what she plans to do with her community woman that month and requires her to note whether she is currently using birth control and, if so, what type. It also leaves space for the participant to indicate additional issues or problems with which she needs assistance. As with the initial IPP, the monthly document is signed as an indication of the participant's agreement to follow through with these plans.

At the beginning of each month, it is the responsibility of the community woman and the participant, cognizant of the goals and regimen agreed to in the IPP, to discuss objectives and to record their mutually agreed-upon plans. The community woman and program staff together are responsible for monitoring the participant's adherence to these plans, although the community woman has the lead role as the person who is in close contact not only with the participant, but also with members of the family. She is also in touch with many of the teen's service providers. The community woman's observations are shared with program staff through weekly case review meetings and the submission of case notes or interaction reports. Problems and progress are discussed in these meetings, and new strategies are incorporated into subsequent plans.

CHAPTER V

MEASURES OF PROGRAM PERFORMANCE, SCHEDULING, PARTICIPATION AND COSTS

I. Introduction

Project Redirection has two fundamental goals for service delivery: to serve pregnant and parenting teens in a comprehensive manner, and to emphasize the use of existing service agencies. The earlier chapters have shown that, in fact, the sites managed to coordinate and deliver a wide variety of services. However, it was also important that these services be available without extensive delay, and that the teens take part in them at reasonably high levels. The analysis which follows will thus focus on two key issues: the ability of the Redirection sites to deliver services expeditiously, and whether participants used the scheduled activities.

As noted, during the early stages of the demonstration, the sites experienced significant delays in assigning teens to activities in several service areas, especially in the employability component (see Branch and Quint, 1981). While struggling with the understandable difficulties of putting a new program into operation, staff members tended to give greater attention to the services with which they were most familiar and to those they believed were most urgent for teens to receive.

However, this tendency threatened to undermine the objective of providing a comprehensive and balanced program of services. In an effort to correct this, MDRC established the following Phase II guidelines to assist sites in structuring the delivery of services:

> Health Services: Each teen must be scheduled to receive health services for herself and her children immediately upon program enrollment.

Education: Each teen must be enrolled in school, or an acceptable alternative program, in pursuit of a high school diploma or GED certification, no later than 60 days from the date of enrollment or, when necessary, at the start of the next school cycle.

Employment-Related Activities: Each teen must be scheduled to participate in seminars and workshops which provide exposure to occupational choices, career development, and the world of work no later than 90 days from the date of enrollment.

Family Planning: Each teen must be scheduled to receive family planning services and counseling immediately upon program enrollment, or if pregnant, as soon as practicable after delivery.

How sites complied with these guidelines and to what extent teens received a minimum amount of exposure in each of these areas are the concerns of this chapter.

The chapter begins with a discussion of the measures used to assess service scheduling and the teens' participation in the activities assigned to them. A brief discussion follows, which attempts to place program participation into the context of the teens' difficult life circumstances and the outside pressures which may have either encouraged or constrained reasonable participation levels. Participation is then examined by service component; the participant stipend is discussed, as well as length of stay and reasons for the teens' termination. The chapter concludes with an examination of program costs.

II. Scheduling and Participation

Data on scheduling and participation in program activities are presented in Table V-1. For each service area, three measures are used: the percentage of enrollees scheduled by program staff to receive

TABLE V-1

PERCENT OF PHASE II TEENS EVER SCHEDULED FOR PROGRAM SERVICES, EVER PARTICIPATED IN PROGRAM SERVICES, AND ATTENDANCE RATES[a], BY SERVICE AREA AND SITE

Service Area	Boston			Harlem			Phoenix			Riverside			All Sites		
	Ever Sched.	Ever Part.	Atten. Rate	Ever Sched.	Ever Part.	Atten. Rate	Ever Sched.	Ever Part.	Atten. Rate	Ever Sched.	Ever Part.	Atten. Rate	Ever Sched.	Ever Part.	Atten. Rate
Clinic Visits															
Maternal Health	93.8	93.8	95.8	84.8	82.6	95.6	94.9	93.7	97.7	90.0	90.0	97.2	95.1	90.4	96.8
Infant Health[b]	100.0	100.0	99.2	95.0	92.5	96.0	71.9	71.9	100.0	80.0	80.0	95.8	83.9	83.2	98.1
Life Management															
Family Planning	90.6	90.6	95.5	82.6	80.5	—[c]	57.0	43.0	66.2	—[d]	—[d]	—[d]	71.3	63.7	77.3
Nutrition	100.0	100.0	95.0	56.5	54.4	93.9	82.3	64.6	59.0	65.0	60.0	88.6	76.8	67.8	76.9
Parenting Education	84.4	81.3	80.1	52.4	52.2	74.3	82.3	69.6	58.6	100.0	80.0	51.2	76.8	68.4	64.5
Life Management Activity	100.0	100.0	86.8	82.6	80.9	78.6	97.5	88.6	57.2	—[d]	—[d]	—[d]	93.6	88.5	69.1
Education															
Public School	9.4	9.4	75.9	47.8	47.8	88.2	13.9	11.4	58.3	5.0	5.0	97.3	20.9	19.8	78.6
GED Program	12.5	9.4	59.2	34.9	34.8	71.3	81.0	69.6	41.5	15.0	10.0	50.0	9.2	49.2	48.1
Alternative School	37.5	37.5	88.2	17.4	15.2	89.6	19.0	16.5	64.0	60.0	55.0	66.9	26.6	24.3	75.0
Any Educational Activity	50.0	46.9	76.6	76.1	73.9	83.1	96.2	86.1	48.3	70.0	65.0	68.4	79.7	73.5	62.0
Employability Activities															
World of Work Seminars	75.0	68.8	65.6	91.3	80.4	59.4	59.5	51.9	75.7	100.0	65.0	30.3	75.1	63.8	61.9
Individual Vocational Counseling	90.6	90.6	92.8	84.8	73.9	75.3	45.6	43.0	89.5	100.0	10.0	87.5	59.9	55.9	85.1
Job Training	53.1	53.1	76.8	2.2	2.2	100.0	24.0	22.8	90.5	20.0	15.0	73.5	23.2	22.0	83.4
Any Employability Related Activity	100.0	100.0	80.9	95.6	80.4	60.5	62.0	54.5	77.8	100.0	65.0	34.3	81.9	70.6	67.3
Employment															
Full-Time Job	—[e]	0.0	—[e]	—[e]	17.4	—[e]	—[e]	8.9	—[e]	—[e]	0.0	—[e]	—[e]	8.5	—[e]
Part-Time Job	—[e]	18.6	—[e]	—[e]	17.4	—[e]	—[e]	12.7	—[e]	—[e]	20.0	—[e]	—[e]	15.8	—[e]
Any Job	—[e]	18.8	—[e]	—[e]	23.9	—[e]	—[e]	20.2	—[e]	—[e]	20.0	—[e]	—[e]	20.9	—[e]
Total Number of Participants	32			46			79			20			177		

SOURCE: Tabulation of IPP Forms in the Project Redirection Information System.

NOTES: The data cover all teens with any IPP worksheets who enrolled in Project Redirection during January 1, 1982 through August 31, 1982.

[a]The attendance rate is obtained by dividing units participated (e.g., clinic visits, days in school, workshop sessions) by units scheduled.

[b]This category only includes 143 teens across all sites who either were parents at enrollment or became parents during Phase II of the program.

[c]Due to reporting errors, data on units scheduled for family planning are not available for the New York site.

[d]Due to reporting errors, data on family planning and life management activity are not available for the Riverside site.

[e]Not available.

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services; the percentage of enrollees ever taking part in the service (whether scheduled or not for that service); and the attendance rate, which is the teens' average time of participation in a given service expressed as a percentage of the amount of time they were scheduled to receive that service. The first measure judges how well sites were able to make services available to the teens; the second, how many teens, out of the sample used, made an attempt to take advantage of a service; and the third, how intensively the teens scheduled for a given service made use of it. Table V-2 supplements Table V-1 by showing how quickly enrollees received services.

The definition of unit varies from component to component. For instance, a medical care unit refers to a clinic appointment; an educational unit is a day spent in school; and life management units refer to scheduled sessions or workshops.

The source for these data is the Project Redirection Management Information System, compiled from IPP worksheets submitted to MDRC by the sites. The sample is the 177 teens who were enrolled in Project Redirection during the first eight months of the Phase II program period. While 204 teens were actually enrolled during that time, only 177 of them participated long enough to have the opportunity for substantial involvement in program activities.

III. Participation in Program Activities

The data which follow will reveal how actively Project Redirection enrollees took part in program activities during Phase II. As these data are examined, it is important to consider them in terms of the population

TABLE V-2

PERCENTAGE DISTRIBUTION OF NUMBER OF MONTHS
FROM PROGRAM ENROLLMENT TO FIRST SCHEDULED UNIT OF SERVICE,
BY SERVICE AREA AND SITE

Service Area	Boston	Harlem	Phoenix	Riverside	All Sites
Clinic Visits					
Maternal Health					
1-3 Months	100.0	69.2	85.3	88.9	84.6
4-6 Months	0.0	30.8	13.3	11.1	14.8
7-9 Months	0.0	0.0	1.3	0.0	.6
10-12 Months	0.0	0.0	0.0	0.0	0.0
	(30)[a]	(39)	(75)	(18)	(162)
Among Pregnant Enrollees					
1-3 Months	100.0	81.8	96.2	77.8	92.5
4-6 Months	0.0	18.2	3.8	22.2	7.5
7-9 Months	0.0	0.0	0.0	0.0	0.0
10-12 Months	0.0	0.0	0.0	0.0	0.0
	(22)	(22)	(53)	(9)	(106)
Among Non-Pregnant Enrollees					
1-3 Months	100.0	52.9	59.1	100.0	69.6
4-6 Months	0.0	47.1	36.4	0.0	28.6
7-9 Months	0.0	0.0	4.5	0.0	1.8
10-12 Months	0.0	0.0	0.0	0.0	0.0
	(8)	(17)	(22)	(9)	(106)
Infant Health[b]					
1-3 Months	58.3	71.1	54.3	58.3	60.8
4-6 Months	33.3	23.7	32.6	41.7	30.8
7-9 Months	4.2	5.3	13.0	0.0	7.5
10-12 Months	4.2	0.0	0.0	0.0	.8
	(24)	(38)	(46)	(12)	(120)
Family Planning					
1-3 Months	86.2	13.2	82.2	--[c]	59.8
4-6 Months	10.3	28.9	17.8	---	19.6
7-9 Months	3.4	39.5	0.0	---	14.3
10-12 Months	0.0	18.4	0.0	---	6.3
	(29)	(38)	(45)	---	(112)

(continued)

TABLE V-2 (continued)

Service Area	Boston	Harlem	Phoenix	Riverside	All Sites
Education					
1-3 Months	86.7	71.4	92.0	---[c]	86.4
4-6 Months	13.3	25.0	8.0	---	12.7
7-9 Months	0.0	3.6	0.0	---	0.8
10-12 Months	0.0	0.0	0.0	---	0.0
	(15)	(28)	(75)	---	(118)
Employability Activities					
1-3 Months	100.0	81.8	63.3	85.0	80.0
4-6 Months	0.0	18.2	30.6	15.0	17.9
7-9 Months	0.0	0.0	6.1	0.0	2.1
10-12 Months	0.0	0.0	0.0	0.0	0.0
	(32)	(44)	(49)	(20)	(145)

SOURCE: Tabulation of IPP Forms in the Project Redirection Information System.

NOTES: The data cover the 177 teens with any IPP worksheets who were enrolled in Project Redirection during the period from January 1982 through August 31, 1982.

[a]The numbers in parentheses refer to the number of participants ever scheduled for the corresponding service at each site.

[b]The category includes only teens who were parents at enrollment or who became parents while in the program during Phase II.

[c]Due to reporting inaccuracies, family planning and education placement time log data are unavailable for the Riverside site.

toward which the program services are directed.

Redirection teens are a very disadvantaged group. They are extremely young to be mothers (below age 18); they are, for the most part, school drop-outs or so far behind in grade level for their age that re-enrollment in school is extremely problematic; and they are poor. For many, welfare is all they have known. In addition, the demands on their resources are many, and participants have but limited time to commit to any undertaking, Project Redirection included. In addition to the program's pressure on teens to attend school, these adolescent mothers -- as the primary providers of child care -- become increasingly responsible for a wide range of duties, most of which are quite new to them. In this context, the program is often seen as requiring too much of a young girl in a schedule that, compared to those of teens without children, is already crowded.

Moreover, it is not simply the number of demands upon the teen's time that makes a sustained level of participation sometimes difficult; it is also the seriousness of the situations with which these teens have to contend, and the fact that they are often ill prepared to cope with them. While not all of their circumstances are dire, the overwhelming majority of enrollees face individual and family problems that poverty has helped to create.

Redirection enrollees thus tend to utilize the program as they can, and on an "as needed" basis, fitting it in when the responsibilities of motherhood and their intricate personal and family relationships permit it. Participation is most likely to be regular when there are specific problems that the program can help to resolve, or when the teens' own sources of support have let them down. Attendance becomes erratic when other

obligations take precedence over program events, or when crises, such as family or housing problems, crop up in their lives.

However, the participation data should also be considered in the context of the findings from the first-year impact analysis. The proportions of participants reporting the use of key services were high, and significantly higher than figures for the comparison group. Many of these services were delivered directly by Project Redirection, and direct service provision turned out to be critical for participants' progress. Moreover, utilization of many of these services was not a one-time affair. Significant numbers of participants reported having received services more than five times a year.

It is within this context of the teens' lives and the one-year impact analysis that participation patterns are next examined.

IV. Patterns of Scheduling and Participation by Service Component

A. Medical Care

Of all program components, both staff and participants gave the highest priority to medical care for the young mothers and their children. In most instances, teens came to the program having already received appropriate medical care. Thereafter, almost all enrollees were scheduled for one or more maternal clinic visits, often for the purpose of receiving and learning how to use contraceptives. Among all teens in the Phase II analysis sample, 95.1 percent were scheduled for at least one maternal clinic visit, and a somewhat smaller percentage (90.4 percent) were reported as having kept at least one appointment. Scheduled teens showed up for almost all of their appointments (96.8 percent).

Pediatric visits were also scheduled at a fairly high rate: among those who entered the program as mothers, or who became mothers after enrollment, 83.9 percent were scheduled for clinic visits with their children, and virtually all of these appointments were kept. This can be seen by the percentage of enrollees who kept at least one pediatric appointment (83.2 percent, which is virtually identical to the percent scheduled for such appointments), and the attendance rate in all scheduled appointments -- 98.1 percent.

Contrary to the Phase II guidelines, these medical visits were not always scheduled immediately after enrollment, unless teens or their children had medical problems that required prompt attention. However, the majority were scheduled for visits within the first few months of program tenure (Table V-2). Almost 85 percent (92.5 percent of pregnant enrollees and 69.6 percent of non-pregnant enrollees) were scheduled for clinic visits within three months of program entry. Among teens entering Redirection as mothers, 60.8 percent kept the pediatric clinic visits which were arranged for their infants within the first three months.

The quality of medical care was monitored primarily through reports to staff members from community women, who often escorted the teens -- frequently driving them -- to clinic visits. Staff members also asked the teens about the care they were receiving and sometimes spoke to the doctors and nurses, particularly when a serious health problem arose.

B. Education

The Project Redirection staff consider it extremely important that Redirection teens be enrolled in school and that they attend regularly enough to earn a high school diploma. During Phase II, 79.7 percent were

scheduled for educational programs other than tutoring (Table V-1).

Of all Redirection sites, the Boston program made the fewest placements: only half of its teens were scheduled for an educational activity, although some took part in informal on-site tutoring. In part, the low level of more formal schooling was due to the high proportion of school drop-outs; many Boston teens, in addition, spoke only limited English. Another factor was the Boston staff's reluctance to give education top priority. They believed, as discussed earlier, that educational placements, particularly in public schools, were not appropriate for a large number of their teens. As the Boston director told an MDRC researcher:

> We don't put a teen in school when she has so many problems that she won't attend. It would be a bad experience and make it harder for her to return later on.

School enrollment was considerably higher in the other three sites, but with the exception of Harlem, the sites placed only a small proportion of teens into regular public school. In Phoenix, only 13.9 percent of the enrollees were scheduled for such placements, as were 5 percent in Riverside. In Harlem, however, over 47 percent of the teens were assigned to regular public schools.

There was a greater variation across sites in the degree to which GED programs were used. In Boston and Riverside, fewer than 16 percent of the teens were placed into these programs, while in Harlem, the proportion was over one-third. In Phoenix, the vast majority (81 percent) were scheduled for GED classes, primarily because that site provided these classes through its Essential Skills program, described earlier.

Alternative schools were scheduled for over one-quarter of the

enrollees. The special school for pregnant and parenting teens was particularly important in Riverside and accounts for the large proportion of that site's alternative educational placements. Indeed, many Riverside teens were already enrolled in that school prior to entering Redirection.

There was only a slight disparity (79.7 percent versus 73.5 percent) in the percentage of enrollees scheduled to attend school and the percentage who attended at least one day. However, teens were in school only 62 percent of the time that they were scheduled to attend, although attendance rates varied considerably according to the type of educational placement. Participants attended GED classes for only 48.1 percent of the scheduled time, while the attendance rate was 78.6 percent in public schools. Alternative education programs were attended 75 percent of the time.

It is difficult to determine the appropriate criteria against which to interpret these data, in part because the participation measures used here do not translate directly into an attendance rate comparable to that used in school records. Rather, this attendance rate is a measure sensitive to determinations made by the program about when it was appropriate for teens to be in school. Project Redirection staff often decide that, because of the closeness of a delivery, the health of a child, or the instability of a teen's life, a participant should not attend school at certain times.

Given the severe educational deficits of this group, it is almost surprising that the interim impacts on school enrollment, after one year of study, were generally optimistic: that is, Project Redirection had assisted a large proportion it enrollees past the initial hurdle of returning to school. At that point, Redirection teens were significantly more likely to

be enrolled in school than were their comparison group counterparts, and the impact was twice as large for former school drop outs. (See Polit et al., 1983.) Yet, there is no way of knowing at this time whether large numbers of participants, many of whom are still in the ninth grade or lower, will remain in school, attend frequently, and perform well enough to earn a high school diploma. Given the normal difficulties usually encountered in encouraging poor performers and drop-out youths to attend and complete school, a high level of educational attainment is a formidable challenge for Redirection sites to attain.

Phase II guidelines called for the first educational placements to be made 60 days after enrollment. Across three of the sites for which appropriate data were available, 85 percent of the teens in the Phase II sample were scheduled for a school placement within the first three months of entry into Project Redirection (Table V-2).

C. Employment and Employability

The sites varied in the manner in which they managed employment and employability resources and, as seen earlier, in the extent to which these services were available. For instance, the Phoenix Redirection site was able to provide job training to its teens to a much greater degree than the other sites through its Employment and Training Component.

Across all sites, 20.9 percent of the teens actually found employment. With a few exceptions in Harlem and Phoenix, these jobs were usually part-time positions, typically occurring during the summer. Most teens (81.9) percent) were assigned instead to participate in some kind of employment-related activities (Table V-1), with more than 80 percent scheduled for the first of these sessions within the 90-day limit set by

the guidelines for Phase II (Table V-2). Workshops and individual vocational counseling, rather than job training activities, were usually the means of providing employability services: 75.1 percent of the teens were slated for these workshops, and almost 60 percent were supposed to receive individual vocational counseling. Only 23.2 percent were assigned to training.

There was, however, an 11 point disparity between the percentage of enrollees scheduled for employability activities (81.9 percent) and those actually taking part at least once in these sessions (70.6 percent). The overall attendance rate of scheduled teens was 67.3 percent. Attendance was highest in individual vocational counseling sessions (85.1 percent) and in job training classes (83.4 percent).

D. Life Management

Participants and program staff alike responded with flexibility to the teens' need for a broad exposure to life management instruction. The Phoenix program, for example, contained such a wide variety of offerings that enrollees could choose freely. In addition, as long as the teens were "regular" its enrollees, program staff and community women were not rigid in insisting that they attend workshops explicitly called for in the IPP. In the Harlem program, attendance took into account the difficulties of participants' busy schedules. There, a "nab" system was in effect, according to which program staff encouraged the teens on-site at the time to attend any activity currently in progress.

Over and above informal participation, the IPP data reveal that, in fact, almost all teens in the Phase II analysis sample were scheduled for life management workshops, although not all were scheduled for each major

subcomponent (parenting education, family planning and nutrition). It appears that the sites were most vigilant about nutrition and parenting workshops, with 76.8 percent of the teens scheduled for these sessions.

Within this context of both impromptu and more structured scheduling, 68.4 percent of enrollees attended at least one parenting workshop, and a similar number (67.8 percent) participated in nutrition workshops (Table V-1). Teens attended the parenting and nutrition workshops scheduled for them a total of 64.5 percent and 76.9 percent of the time, respectively.

Unfortunately, the data available on both the scheduling of family planning sessions, and attendance at the sessions for which the teens were scheduled, are flawed. Data from Riverside were submitted in a form that was ultimately incompatible with computer analysis. As a result, the quantitative data cover only the Boston, Harlem and Phoenix sites.

Of teens at these sites, 71.3 percent were scheduled for family planning sessions, which included systematic and direct instruction on the physiology of sex and the means of effective contraception. Teens ever attending any of these sessions varied by site -- 90.6 percent in Boston; 80.4 percent in Harlem; and 43.0 percent in Phoenix -- but overall, 77.3 percent of the sessions scheduled for teens were attended.

These data can be compared to the interim impact survey, which found that 75 percent of Redirection teens received birth control counseling, although only 20 percent received it directly from the program. In most cases, this services was delivered by outside providers, such as clinics and the special schools many of the teens attended. Additionally, more informal instruction, not included in the IPP scheduling data, was provided in program counseling conducted by community women and program staff

members.

The interim impact analysis findings show initial positive effects from the delivery of this service. Project Redirection significantly increased participants' knowledge of effective methods of birth control, which resulted in a modest short-term reduction in the rate of subsequent pregnancies. Yet, for all this, the analysis also revealed that contraceptive practices among Redirection participants were not measurably better or more consistent than among members of the comparison group.

This point seems critical in light of what research to date has shown about the fertility-related attitudes and behaviors of adolescent parents. The major finding is that members of this target group -- young girls from welfare-dependent backgrounds -- hold a constellation of attitudes and values about boyfriends, sexual relationships, pregnancy and childbearing that are extremely resistant to change. Against the tenacity of these values, the presentation of factual information alone is inadequate to bring about substantial behavioral improvement. To make the message about contraception and delay of subsequent pregnancy meaningful to teens, the manner in which information is presented must take into account the teens' beliefs and attitudes in this area. (See, for example, Levy, 1983.) The interim impact survey found, for example, that participants who were counseled by Redirection staff rather than outside service providers were more likely to have had birth control information imparted in a meaningful way. However, because Project Redirection, by design, attempted to maximize the brokering of existing services, only a limited number of participants were given this service directly.

While the relationship between knowledge, motivation and practice is

extremely complex, it is possible that, had a greater percentage of teens been scheduled for on-site Redirection sessions -- and had program staff been more diligent about full participation -- there might have been better contraceptive practices after a year.

Many factors led to the teens' inconsistent pattern of birth control use, but one of the most prevalent was their fear of the side effects of the pill, the method used by the majority of participants. The belief, held by many teens, that there is a link between birth control pills and cancer, is one not easily refuted. Friends and relatives frequently fueled this perception, as did widely circulated stories in the media.

In Project Redirection, participants would typically begin using birth control pills immediately after a pregnancy, but would be quick to discontinue them if problems developed, as in a number of cases they did. Even those teens who had no medical problems failed to use them consistently, despite the encouragement of program staff. Once having suspended use of the pill, teens were slow to replace them with another method. Some participants never adopted one at all and became pregnant again.

Moreover, it is not always the teen's option to follow the contraceptive practices she has been taught; it often requires the acquiescence, if not active cooperation, of both the participant's mother and the young man with whom she is sexually involved. The role of the mother is complicated, yet extremely important. She may agree to help her daughter get past her initial mistake if, for her part, the daughter agrees to no further mistakes. However, the daughter almost invariably resumes sexual activity after the birth of the child. The prognosis is not so poor

if, as in the majority of cases, the mother does not actively oppose this behavior. If, on the other hand, the mother takes "no further mistakes" to mean abstinence, she can feel betrayed when she discovers her daughter is sexually active. In such cases, mothers have thrown their daughters' pills away, feeling that they represent a license for promiscuity.

Another difficulty is that, even when mothers accept their daughters' sexual activity, few want them to engage openly in sexual relationships. The teens, as a consequence, continue their clandestine and often unanticipated sexual activity in which they are unprotected, for the most part, unless they have consistently used the pill or have had an IUD inserted.

The overwhelming majority of teens exhibited the sporadic pattern of sexual activity that is generally characteristic of adolescents. That is, they were sexually active only when they considered themselves to be having a significant relationship with a boyfriend; at other times, they were generally abstinent. The typical pattern observed was one in which the participant continued a sexual relationship with the father of her child until they broke up, either during the pregnancy or thereafter. A period of abstinence ensued, during which she suspended use of the pill. She usually then became involved with a new boyfriend, one with whom she would make new decisions about sexual activity, contraceptive practices, subsequent pregnancy and childbearing. It is at this point that the influence of the boyfriend becomes important.

In Project Redirection, second pregnancies often occurred because a new boyfriend either disapproved of contraception or, more explicitly, wanted the teen to have his child. If he had been kind to the participant

and her first child and now wanted one of his own, it was difficult for program staff to persuade the teen to refuse his request. This was particularly true in Boston, where teens were more likely than those in other sites to be married or to live with their boyfriends. Even when a boyfriend did not explicitly express a desire for a child, he held a great deal of influence over what methods of contraception (if any) the teen used.

Situations such as these have contributed to the repeat pregnancies reported to program staff by 4.6 percent of the 805 teens enrolled in Project Redirection over the life of the demonstration. Of the 37 reporting a subsequent pregnancy, nine were in Boston, six in Riverside, and eleven each in Harlem and Phoenix, although site differences were not significant. These figures actually understate subsequent pregnancies because they do not include those of the teens who had previously dropped out of the program. For comparative purposes, it should be noted that the interim impact analysis found a one-year subsequent pregnancy rate for Project Redirection participants of 16.4 percent.

V. Participant Stipends

Among the features designed to improve participation, the most important was the $30 per month stipend, which, according to Phase II guidelines, was contingent upon satisfactory participation in key program areas. Although the sites varied in the specific number of hours they required, no teen could receive a full stipend unless she had satisfied program staff with her attendance. In addition, the sites could, at their option, make partial payments based on attendance that, while not totally

satisfactory, nevertheless partially fulfilled the requirements. Used in this manner, the stipend served explicitly as an incentive to increased participation.

In the earlier stages of the demonstration, the stipend had different purposes. The teens looked on it then as a payment akin to an entitlement, a sum they were due by virtue of their program enrollment, no matter how sketchy their attendance. For staff at that time, it was a means of attracting new enrollees and retaining current participants in the program. Staff also believed that the stipend would help teens with little or no income to take advantage of program services by allowing them money for bus fare, lunch or babysitting.

Under the Phase II procedures, it was no longer sufficient for participants to show up on "check day," to be seen again only two weeks later. Instead, teens were required to attend school regularly, meet at least once a week with their community women, and take part in a minimum number of workshops before the stipend was paid. While program operators never realistically expected perfect attendance in all scheduled activities, a minimum level seemed necessary for the program to attain its objectives.

The attendance and performance criteria upon which payment of the stipend was based tended to vary only slightly across sites. At Riverside, these criteria were spelled out in the greatest detail. Teens were eligible to receive $30 a month if they attended school weekly, and at least one life management and one employability activity monthly (unless they were employed or enrolled in a job training program). They also had to utilize specified health and family planning services on a ongoing

basis, maintain weekly contact with their community women, and advise program staff of any significant changes in their life situations.

In Boston, program staff made explicit decisions about how the stipend would be apportioned in the face of less than satisfactory attendance. Regular participation in each of their required IPP areas would entitle the participant to $7.50 per activity a month, but if attendance, for instance in school, fell below par in a given monthly period, the teen would receive only $22.50. However, the terms "regular" or "occasional" made the rules imprecise, and extenuating circumstances governed final decisions. Teens "in crisis" -- e.g., without suitable housing, or with a sick child -- continued to receive the stipend regardless of participation.

Sites unfortunately have only limited resources for monitoring program criteria. For life management workshops or other on-site activities, staff instituted sign-in procedures, which seeemed to work fairly well. Additionally, since community women stipends were contingent upon documented interaction with participants, program staff could quite easily monitor this aspect of participation.

Off-site activities, on the other hand, were more difficult to monitor. In these functions, the system was reduced to some combination of participant self-report and community woman verification. While Riverside program staff were permitted access to school records in the school for adolescent parents, other sites had such direct access. Knowledge of school attendance usually depended on the teens' self-report, in most cases supplemented by data supplied by community women who met periodically with school guidance counselors to discuss the attendance and progress of their assigned teens.

These criteria notwithstanding, it is difficult to assess the importance of the stipend to teens and, ultimately, its effect upon program participation. It was clearly not inconsequential, since for many participants it was the only source of income. Check day was important for many teens; staff very soon learned to schedule substantive activities at this time. During a period of operations in which stipends were either reduced or eliminated because of funding constraints, Redirection staff had considerable difficulty maintaining participation levels.

Yet, the stipend was apparently not the key factor in a teen's decision to use Project Redirection services. Some teens continued to participate while letting their stipends accumulate in program offices. Others failed to participate, even when the stipend was fully paid in Phase I. Situational variables and characteristics of the home environment are equally important factors in determining participation.

VI. Length of Stay

In the early period of operations, limits were not placed on the length of time a teen could remain in the program as long as she met program requirements. In Phase II, however, mandatory exit criteria were developed in order to discourage long-term dependency on Redirection resources and to make it possible to serve a larger number of young people. Accordingly, a teen was entitled to a maximum 18 months of participation, and an additional provision mandated that a teen must be phased out of the program upon attainment of a high school degree or at age 19, provided that she had been in the program at least nine months.

On average, Redirection teens stayed in the program 259 days, or

approximately eight and one-half months, before termination. The frequency distribution, broken down into three-month intervals, is shown in Table V-3. Program stay for Project Redirection teens, as seen in this table, compares favorably with the length of stay found in the 31 projects funded by the Office of Adolescent Pregnancy Programs for fiscal year 1980. Of the 2,267 participants included in that study, 45 percent stayed in the programs six months or less, 25 percent between seven and 12 months, 10 percent between 13 and 18 months, and 20 percent 18 months or longer.[1]

Length of stay was examined as a function of site, race, age, welfare receipt, highest grade attained at enrollment, household composition, and community woman assignment in order to determine what variables might predict this measure. Four of these variables were significantly related to length of program stay, net of the influence of the other analysis variables: community woman assignment, welfare receipt, highest grade completed, and age. The means for these variables appear in Table V-4.

As the table shows, AFDC recipients stayed in the program significantly longer than non-recipients; younger teens stayed longer than older ones; and those who had completed higher grades stayed longer than those with lower grade completions. The table also reveals that those who were never matched to a community woman left the program earlier than teens who were matched.

There are two possible interpretations of the community woman relationship: teens could have dropped out of the program before a community woman was assigned, or alternatively, they might have dropped out because a woman was not assigned. It is interesting to note, however, that program staff -- particularly those in Riverside, where there were serious

TABLE V-3

PERCENTAGE DISTRIBUTION OF LENGTH OF STAY IN PROJECT REDIRECTION, BY SITE

Length of Stay	Boston	Harlem	Phoenix	Riverside	Total
Less Than 3 Months	16.5	20.6	19.4	19.1	19.1
3 - 6 Months	27.3	22.8	21.5	27.9	23.8
6 - 9 Months	21.6	12.2	13.6	20.6	15.7
9 - 12 Months	15.8	11.7	17.8	13.2	15.1
12 - 15 Months	6.5	7.2	11.6	8.8	8.9
15 - 18 Months	4.3	7.2	7.4	8.8	6.8
More Than 18 Months	7.9	18.3	8.7	1.5	10.5
Total	100.0	100.0	100.0	100.0	100.0
Total Number Enrolled	142	183	224	68	637

SOURCE: Tabulation of IPP Forms in the Project Redirection Information System.

NOTES: The analysis is based on a sample of 637 participants who had terminated from the program by the end of Phase II.

Percentage distributions may not add up to exactly 100.0 because of rounding.

TABLE V-4

AVERAGE LENGTH OF STAY OF TEENS ENROLLED
IN PROJECT REDIRECTION BY SELECTED CHARACTERISTICS

Characteristic	Length of Stay (Days)	Number of Participants
Assigned to a Community Woman	279	567
Not Assigned to a Community Woman	103	70
Received AFDC	277	452
Did Not Receive AFDC	208	185
Age at Time of Enrollment		
15 Years and Younger	275	201
16 Years and Older	252	436
Highest Grade Attained at Time of Enrollment		
8th Grade or Less	259	229
9th Grade	248	182
10th Grade	259	153
11th Grade or Higher	277	73

SOURCE: Tabulation of IPP Forms in the Project Redirection Information System.

NOTES: The analysis is based on a sample of 637 participants who had terminated from the program by the end of Phase II.

difficulties in recruiting and retaining community women -- saw a critical role for these women in reinforcing the attachment of teens to the program. They believed that those who remained unmatched for long periods of time did not fare as well in the program as their matched counterparts, and that they were more likely to leave the program through loss of contact.

Of the 805 teens enrolled in the program since its inception, 637 (or 79 percent) subsequently left the program. Among the more common reasons were failure to meet program requirements (39 percent); loss of contact with the program (13.8 percent); a determination that the teen no longer needed the program (11 percent); mandatory exit requirements (11 percent); moving from the area (12 percent); dissatisfaction with the program (4.1 percent); and a number of miscellaneous reasons that ranged from parental objection to the phase-out of the Boston site.

A major reason for the loss of contact with so many teens was residential mobility. It often happened that a teen's pregnancy and motherhood would exacerbate an already troubled home environment, resulting in the teen's being "put out" by her family or in her own decision to leave home. One teen drifted from her mother's house, to her own apartment, to a cousin's, to the streets, to an apartment with a new boyfriend, and finally to live with friends -- all in less than a year's time. The Redirection files are replete with similar, though less dramatic, examples of mobility. In addition to the distress that such a pattern portends for the teens themselves, it is also a major source of frustration for community women and program staff. The program is powerless to help teens who do not know from day to day where they will live.

Contact is also lost when personal and family circumstances become

overwhelming and, as a result, the teen begins to ward off program efforts to keep her involved. For example, one 17-year-old began refusing program attempts to reach her after she dropped out of school and separated from the father of her one-month-old son. She refused to meet with the community woman and to return calls from Project Redirection staff. A frequent precipitating incident is the objection of a boyfriend or a husband who is in conflict with program goals. One participant's boyfriend thought the teen spent too much time at the program and, in any case, he did not want her to work if they were going to be married.

Similar dynamics govern termination for failure to meet program requirements. This code basically refers to a teen's failure, over a long period of time, to attend the activities scheduled for her. While some of this failure is attributable to the press of other important events in the teens' lives, many seem simply not motivated sufficiently or disciplined enough to meet program requirements. For example, motivation to attend school was a particular problem for those behind in grade level. These teens were not comfortable in regular public school, and yet were too young to enroll in GED classes.

Another important source of dissatisfaction -- one implicated in most reasons for termination -- was disappointment with the community woman component. There was strong evidence from most sites that the community woman was a major incentive to program enrollment. For instance, one teen who heard of the program said she was mainly attracted by the prospect of having "someone who was there all the time to help." Others complained if contact with their community women was infrequent or superficial; they seemed genuinely concerned by this. Given the value teens placed on this

component, it could be particularly frustrating when a relationship did not work out, or when a community woman left the program to follow her own interests, having already established meaningful relationships.

VII. Program Costs

This section discusses the costs associated with delivering the Project Redirection treatment. It complements the description of the treatment by providing information which may be useful for individuals or organizations considering replication of the program model. Two issues will be addressed, the first being the cost of site operations. The aim of this analysis is to examine the program components and to show how these changed as the demonstration progressed and the sites acquired greater operational experience. The second issue is unit costs.

Site operating costs are analyzed from program inception through December 1982. Harlem, Phoenix and Boston began operations during June 1980, each contributing 31 months of data to the analysis. Riverside entered the demonstration later, with operations starting in December 1980.

Sites were responsible for reporting to MDRC, on a monthly basis, expenses in the following categories:

> Program Management. This category includes the costs necessary for the site to effectively plan, administer, and report on the program.
>
> Program Services. These costs represent items which support direct services to the participant, such as health care instruction; alternative educational services; nutritional education; pre-employment training; family planning; recreational services; and child-care. Service costs are partial in the sense that they reflect only costs borne by the sponsoring agency at a site. Redirection is predicated on the ability of staff to access medical care and other services for

teens within the community at little or no direct cost to the program.

Ancillary Services. These are defined as services such as transportation, designed to increase the accessibility of program services.

Participant Stipends. Participants received monthly stipends to defray expenses incurred because of attendance in the program. The stipend was set at $30 per month, and was sometimes reduced or eliminated if attendance or performance did not meet program standards.

Community Women Compensation. As a rule, each community woman received a stipend of $15 per week per teen to reimburse her expenses.

Table V-5 presents site expenditures by cost category for the full period through December 1982. As the data indicate, program management accounted for the largest share of program costs at all of the sites. This is largely a function of the broad definition of the category, which includes all facility cost as well as the salaries of staff members whose responsibilities also encompassed service provision.[2] The program model itself contributed to the high percentage of costs in this category; Redirection's major costs are those associated with management activities such as outreach to potential participants and community women, the development and maintenance of referral sources, and the coordination and monitoring of service provision. It should be noted that Redirection costs are not influenced strongly by the number of participants because it is not a program which transfers substantial funds to participants.

The category of community woman reimbursement shows a good deal of variation. Because of special circumstances, both Boston and Phoenix allocated a higher share of operating costs to that category than did other sites. In Boston, community women's salaries for a portion of the

TABLE V-5

PERCENTAGE DISTRIBUTION OF OPERATING COSTS, BY EXPENSE CATEGORY AND SITE
JUNE 1980 - DECEMBER 1982

Expense Category	Boston	Harlem	Phoenix	Riverside	All Sites
Program Management	41.9	50.0	50.0	57.8	49.6
Program Services	28.5	27.5	17.7	33.7	25.8
Ancillary Services	3.2	0.3	4.1	0.0	1.9
Stipends to Teens	5.8	6.6	8.2	3.7	6.5
Community Woman Component	20.6	15.6	20.0	4.8	16.2
Total	100.0	100.0	100.0	100.0	100.0
Cost	$441,309	$774,314	$641,203	$340,136	$2,196,962

SOURCE: Tabulation from the Monthly Combined Operating Reports.

NOTES: Percentage distributions may not add up to exactly 100.0 because of rounding.

program were funded by CETA, thereby forcing a more expensive compensation package in that site. In Phoenix, the high costs that community women incurred in transporting teens necessitated an increase in their reimbursement stipend. The relatively small share of costs allocated to that category by Riverside reflects that site's difficulty in attracting and retaining a sufficiently large complement of community women, as discussed in Chapter IV.

As a rule, however, community woman costs are low because the community woman role is similar to that of a volunteer. Operating costs through December 1982 cover two distinct phases of the Harlem, Phoenix and Riverside programs: start-up and ongoing operations. In Boston, a third period was observed, the phase-down of program operations. Table V-6 shows the distribution of costs among expense categories, and the variation as a function of these three operating phases.

During start-up, when there was more program planning than service provision, a higher proportion of costs was devoted to program management than was to be the case later in the demonstration. Similarly, community woman and participant payments were atypically low. The ongoing phase of operations covers a "normal" period of program operations, free of artificial constraints on participant and community woman enrollment. During phase-down, the Boston site operated under instructions to limit enrollment and concentrate on service provision and referrals for existing participants. That site was phased out of the demonstration in December 1982, and the data provides an indication of what other phase-down periods will be like for sites in a Redirection model.

The second issue examined is the cost of a specific unit of service.

Table V-6
PERCENTAGE DISTRIBUTION OF OPERATING COSTS,
BY SITE, OPERATING PHASE, AND EXPENSE CATEGORY

Site and Operating Phase[a]	Program Management	Program Services	Ancillary Services	Stipends to Teens	Community Woman Component	Total
Boston						
Start-up	55.5	22.8	1.1	0.5	20.1	100.0
Ongoing	39.5	29.7	2.6	6.5	21.8	100.0
Phase-down	41.4	28.2	5.4	6.6	18.4	100.0
Harlem						
Start-up	73.2	22.8	0.0	0.0	4.0	100.0
Ongoing	47.4	28.0	0.3	7.4	16.9	100.0
Phoenix						
Start-up	92.8	0.3	0.2	2.0	4.7	100.0
Ongoing	47.2	18.8	4.4	8.6	21.0	100.0
Riverside						
Start-up	70.0	27.3	0.0	0.0	2.7	100.0
Ongoing	57.1	34.1	0.0	3.9	4.9	100.0

SOURCE: Tabulation from the Monthly Combined Operating Reports.

NOTES: Percentage distributions may not add up to exactly 100.0 because of rounding.

[a]In Boston and Phoenix, the start-up phase covers the period from June 1980 through September 1980; in New York it extends from June 1980 through October 1980; and in Riverside it covers the period from December 1980 through January 1981. The phase-down stage in Boston began in April and ran through December of that year.

Two related measures of unit costs are presented: cost per participant, and cost per service year. The first measure is the cost to the program of providing services to an average participant based on the average length of a teen's stay in the program. The second measure presents the cost of maintaining a participant in the program for a full year. This figure may be useful in comparing the cost of Project Redirection with that of other programs for teen parents. Since the average length of stay for Project Redirection enrollees was less than a year, the service year cost exceeds the cost per participant.

Table V-7 presents both measures for Phase II, a mature period of program operations. As the table shows, the cost of maintaining a participant in Project Redirection for the full period of a year was $3,893 while the average cost per participant was somewhat lower, at $3,536. This was because program stay across all sites averaged 10.9 months for the sample of teens who had the opportunity for 18 months of participation in Project Redirection. There was considerable variation among the sites in these measures, with Harlem and Phoenix operating at somewhat lower costs: $3,345 and $3,314 per participant, respectively, and $3,552 and $3,648 per service year.

TABLE V-7

TOTAL UNIT COSTS OF PROJECT REDIRECTION
IN PHASE II, BY SITE

Site	Cost per Participant[a]	Cost per Service Year[b]
Boston	$4,196	$4,536
Harlem	3,345	3,552
Phoenix	3,314	3,648
Riverside	3,657	4,668
All Sites	3,536	3,893

SOURCE: Tabulation of IPP Forms in the Project Redirection Information System and Monthly Combined Operating Reports.

NOTES: [a]Cost per participant is calculated by aggregating the number of teens in the program each month to determine the number of participant months. Site operating costs are divided by the number of participant months to derive the cost per participant month. Finally, the cost per participant month is multiplied by the average length of stay for a sample of participants who had the opportunity for 18 months of program participation.

[b]Cost per service year is calculated in the same manner as the cost per participant, with the exception that cost per participant month is multiplied by twelve in order to arrive at an annualized figure.

CHAPTER VI

SUMMARY AND CONCLUSIONS

For the past three years, Project Redirection has examined the attitudes and behavior of a sizable group of disadvantaged young people who are about to become mothers for the first time, or who have already become parents. The implementation analysis has described how this one strategy has attempted to address many of their problems. However, the research agenda for Project Redirection is not yet completed. The impact analysis, which will compare the behavior of a group of participants with that of a similar comparison group two years after program enrollment will be available at the end of 1984. At that time, a more definite opinion can be expressed about Project Redirection's effectiveness.

Nevertheless, at this point, a number of observations can be made on the basis of the findings in this second implementation report. This chapter summarizes these findings and discusses some of their implications. The hope is that this information may be useful to other program operators seeking to assist this population by replicating the essential elements of the Project Redirection program. This process has, in fact, already begun. MDRC's current replication of the program model has in large part been shaped by the lessons in this study.

I. Mechanisms for Service Delivery

In Phase I of program operations, which began in the middle of 1980, sites organized their staffs, coordinated arrangements with referral sources, and identified a variety of service providers. Teens were

receiving a number of services, either from community agencies or directly from the program. The key program mechanisms -- the community woman component and the Individual Participant Plan, which helped the teens use services -- were in place at all sites. Additionally, the sites had created a safe and physically comfortable environment for the teens at the program offices, helping them to respond in positive ways to the program requirements and to the direction and guidance offered by staff and community women.

By 1981, the program was moving toward a more stable phase of operations. Initial research results from the one-year impact study were promising, showing that enrollment in Project Redirection was associated with important changes in service utilization and participant behavior in the critical areas of education, employability, life management skills and family planning.

In Phase II of program operations, during 1982, Project Redirection continued to deliver comprehensive services to teens, but strengthened the employment and employability service component which, for the most part, had been under-developed during the earlier period. Two sites exceeded MDRC's requirements in this area, providing a rich array of services which included vocational training, individual vocational counseling and -- when appropiate -- placement of participants into work experience and entry-level jobs. Also in Phase II, substantial numbers of teens re-enrolled in and attended a variety of schools or educational programs, and sites began special efforts to help teens with severe educational deficits.

Throughout the demonstration, which concluded in December of 1983, the

Project Redirection sites were able to work cooperatively with a number of community agencies in the provision of services; they also had the support of local schools, many alternative educational programs, hospitals and clinics. Guest speakers from these and other organizations assisted staff members in workshops offered at the sites.

It became apparent, however, that some services were best provided by the Redirection staff members. The youthfulness and academic deficiencies of some of the participants meant they were unable to qualify for certain outside activities, such as job training or GED preparation, or that other services, such as birth control instruction, were inappropriately structured for this population. As a result, during Phase II, the sites conducted many more workshops than they had originally planned. However, through a combination of their direct service delivery and some solid outside service providers, staff members came close to meeting the Phase II program guidelines which specified the timetable for service provision and to providing an individualized program at a reasonable cost: $3,893 per service year. The cost per participant was somewhat lower, at $3,536, since program stay across sites averaged 10.9 months. The costs tended to vary widely by sites.

II. Program Services and Philosophy

Project Redirection has tried to do more, however, than just provide services to teens. The program has also attempted to change participants' behavior and to reorient their values. The inculcation of new attitudes and values has been, in fact, an integral aspect of service utilization because it is seen as a step toward the long-range goal of the program:

personal and economic self-sufficiency.

An important program strategy in changing participants' behavior has been to enhance self-esteem: to help participants view themselves as worthwhile human beings, ones whose lives are not permanently limited by their premature pregnancies. Self-esteem, staff members believe, is a critical element in the teens' ability to make the difficult choices necessary to obtain program objectives. If a participant has a strong sense of self-worth, for example, she will begin to see that she can perform well in school; that she can eventually support herself and her child; and that she is better off resisting the pressures of family or boyfriends, who may attempt to influence her decisions on a number of factors. Self-esteem is the prerequisite to the commitment and sacrifice needed by the teens to achieve long-term goals.

In no area was the task of changing behavior more difficult than in fertility control. In spite of workshops and other sessions instructing the participants in the essentials of family planning -- in which more than three-fourths of the teens took part -- Redirection participants continued to be inconsistent and ineffective users of contraception. This was true not only of the small minority of teens who totally opposed birth control, but also for the majority of participants, who expressed general agreement with the goal of delayed subsequent pregnancy (Polit et al., 1983).

Much of this resistance seemed to center on the teens' perception of a link between the use of the pill and harmful side effects. Another factor was their sexual partners, who often controlled participants' fertility decisions. A third important factor, as the previously published ethnography on Redirection participants has shown, is the young age of

participants. Responsible use of contraception in itself is an adult behavior, and it is hence not surprising that a large proportion of teens -- while more knowledgable about methods of contraception than their control group counterparts -- remained unprotected in most of their sexual experiences.

When it became clear to the sites in Phase II that a number of teens were again pregnant, staff -- who had previously relied on low-key messages in the birth control area -- took a more direct stance to counsel regular contraceptive practices. They began scheduling more family planning workshops and monitored the teens' attendance closely. At the same time, community women took a more active role in discussing contraceptive use with their participants.

The interim impact analysis affirms the importance of having program staff serve as the primary providers of information and instruction on fertility control. While accurate information is a necessary precondition to sound birth control practices, the teens must, in addition, understand the implications of this information for their own lives.

In contrast, the importance of education as a means of entering employment was a goal that program staff repeatedly stressed in an unequivocal manner. Yet, even this clear an articulation was in itself insufficient to induce a high rate of school participation among a group characterized by poor academic performance. Nearly half of the Redirection participants were school drop-outs at program enrollment, and almost all of these drop-outs had been out of school for at least a year. Moreover, of those in school at program enrollment, most were behind in grade level for their years. (Polit et al., 1982).

To those familiar with previous research on school drop-outs and with other programs targeted to this population, the participation level reported in Phase II -- three-fourths of the teens were enrolled in school -- will be understandable. However, it will be important to see in the impact study if the sites' emphasis on educational activities has led to an improvement in school enrollment for Redirection teens over that recorded by the control group after two years of study.

Program staff in Project Redirection consistently stressed the importance of employment, directing the participants, when possible, to training that would qualify them for jobs. Most participants, however, were assigned to workshops, where they learned about careers open to them and how to go about getting jobs. Participants seemed receptive to these activities, having come to the program with generally positive attitudes toward work. Their interest was particularly high when they were scheduled for job training or individual vocational counseling.

III. Participant Stipend

As an incentive to encourage good attendance, participants were paid $30 a month during their stay in Project Redirection, and sites made an attempt in Phase II to tie receipt of this stipend to satisfactory participation. However, it is difficult to say whether, in fact, this strategy worked. On the one hand, when two sites eliminated the stipends to accomodate reductions in funding, there was a marked reduction in both levels of enrollment and attendance rates. At another site, a stipend reduction had virtually no effect upon participation.

Although the evidence is not conclusive, it appears that the

Redirection model can be successfully implemented without a participant stipend -- as indeed is the practice in most other programs for adolescent parents. At least part of the fall-off in Redirection enrollment and participation can be attributed to the fact that a change of policy took place in midstream.

IV. Community Woman Component

Project Redirection's community woman component has clearly demonstrated that women from low-income and disadvantaged communities are both willing and able to volunteer their time and services on behalf of other members of their communities. Although it is not possible to examine the impact of the community women on key program outcomes net of the impact of program services, the community women have been instrumental in providing a wide range of services and supports that both participants and program staff have found valuable.

Without the community women, Redirection would lack a range of valuable information about the participants and their life circumstances. This kind of knowledge, which most other programs lack, allows Project Redirection to make judgements and decisions about teens on a more fully informed basis. Community women are also helpful in conveying program objectives to participants. As is apparent in Chapter III, the community women counsel the teens informally on birth control and teach them parenting tasks. They also encourage good school attendance, and not only reinforce the program philosophy, but do so in terms that the teens can understand.

Moreover, the community women help to prevent staff from becoming

over-extended. Given the intensive treatment called for in the Redirection model, it would be difficult for staff to give all participants sufficient attention. In addition, it appears that community women are important to the teens' perception of the prorgam. In the one site which did not have an effective community woman component, teens drifted away a short time after enrollment.

It has often been queried whether it is correct to consider the community woman a volunteer or, as she has been described in other documents, a "paid volunteer," or whether the community woman rather has come to regard herself as a part-time employee. The Phase II period is instructive on this point, since funding uncertainties forced several sites to reduce or eliminate the community woman stipend. As a result, these sites suffered a substantial decline in community women participation.

These and other observations suggest that, like the participant stipend, the financial support that community women received was not an inconsequential consideration. Even when community women did little else with the money than use it to buy lunches or baby clothes for their participants, the stipend made it possible, in many cases, for them to take part in the program.

VI. Participants' Perceptions of Welfare

For the most part, there seemed to be little in the way of a well-engrained "welfare mentality" among participants -- if the term refers to a stated preference for welfare over work. Rather, the teens' interest in employment skills attests to the fact that most expected to eventually hold a job. (See Polit et al., 1982; Levy, 1983.) Yet, for many of these young

women, the majority of whose own mothers had been teen parents, welfare dependency was all they had known. It is possible that, without some assistance from a program like Redirection, many of these teens would discover at some point in their futures that welfare was their only option.

Unfortunately, the age of participants and the time limitations of the research will not permit the determination of whether significant numbers of teens have, in fact, been diverted from welfare dependency because of program participation. It is clear, however, that Project Redirection has exposed these participants to different choices and goals. The final impact study will show in more detail how well the teens are, in fact, pursuing these goals, and if progress has been made in reaching both the short- and long-term objectives of the program.

FOOTNOTES

CHAPTER I

1 This is discussed in greater detail in Appendix A.

2 As explained in greater detail in Appendix A, the Boston program was not included in transitional year funding.

3 These rates refer to contraceptive use prior to pregnancy, marriage, or the time of the survey, whichever occurred first.

CHAPTER II

1 Across the demonstration, there has been a high degree of stability among Project Redirection personnel. In Riverside, however, a complete change of personnel occurred in the winter of 1981/1982, largely because of differences between the Project Redirection staff and the Children's Home Society on the issue of program autonomy.

CHAPTER III

1 Because of the disparity in the age criteria of Project Redirection and the Employment and Training Component, access to this program was later extended to non-Redirection teens who were at least 17 and met Redirection's other enrollment criteria.

CHAPTER V

1 See Martha R. Burt, Madeleine H. Kimmich, Jane Goldmuntz and Freya L. Sonenstein. Helping Pregnant Adolescents: Outcomes and Costs of Service Delivery. Washington, D.C.: The Urban Institute, 1984.

2 Indeed, the chief limitation of these cost data is the imprecision with which staff salaries are allocated either to the Program Management or Services Categories. The sites were instructed to budget under Program Management the salaries of all personnel who devoted more than 50 percent of their time to administrative responsibilities. Similarly, the salaries of staff members who spent more than 50 percent of their time providing client services (e.g., counseling staff) were to be included under the Services line. In fact, as the preceding chapters have made clear, staff responsibilities cut across these categories throughout the demonstration, so that it is sometimes difficult to know which budget category more accurately reflects their activities. Thus, administrative staff often lead workshops, while social service staff, in their IPP-monitoring role, perform a critical administrative function.

APPENDIX A

THE BOSTON AND DETROIT SITE EXPERIENCES

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THE BOSTON AND DETROIT SITE EXPERIENCES

Project Redirection began operations in June 1980 with four sites operated by the Detroit Urban League in Detroit, Michigan; the Harlem YMCA in New York City; the Cardinal Cushing Center in Boston, Massachusetts; and Chicanos Por La Causa in Phoenix, Arizona. In January 1981, the Children's Home Society of Riverside, California was added as a fifth site. By December 31, 1983, however, when the demonstration came to its end, three sites remained.

The Detroit site was dropped from the demonstration in September 1981. The Boston site remained a part of the demonstration until December 1982, but did not participate in the transitional funding year of 1983. In this appendix, the question of the feasibility of the Project Redirection program model is discussed in view of the loss of these two sites.

Severe problems of an administrative nature surfaced early at the Detroit site. In spite of innovative planning and initial success in recruiting both participants and community women, the key elements of the program never quite came together. Participant enrollment never reached contractual slot levels, and the teens who were enrolled were rarely in evidence at the site or at other program-sponsored activities. Staff were not able to develop a comprehensive group of services and program activities, and were not organized to monitor participant progress. Moreover, there was a virtual breakdown in the community woman component, stemming not from a lack of suitable recruits, but from a failure to

adequately supervise and deploy them. These problems persisted in spite of extensive technical assistance supplied by MDRC staff.

Unlike Detroit, the Boston site was an integral part of the demonstration for over two years. As such, it had recruited a full complement of participants, provided them with appropriate services, and matched them with community women, who were a particularly stable group at this site.

Thus, it was not until relatively late in the demonstration that the association between Boston and the national demonstration ended. While there were differences in program philosophy throughout the demonstration, the final decision turned not upon these issues, but upon issues of the willingness and ability of this program to meet demonstration expectations. These were, at this point, to scale back operations and to secure supplemental funding for 1983 program operations. (After separating from the demonstration, the Boston site managed to secure funding from a non-demonstration source to continue its program.)

These reasons notwithstanding, the loss of the two sites might be interpreted as an implementation failure: evidence that the program model was not feasible. If the problems, for example, were not due to a lack of effort, staff incompetence, or other similar factors, then one might conclude there were flaws in the program model: e.g., community women might not be useful in a teen parent program; or these positions cannot be adequately filled from a pool of eligibles in the teens' communities.

It is the belief of both the authors and the MDRC staff responsible for the decision to discontinue the two sites that neither case reflects negatively on the feasibility of the program model. In the case of

Detroit, the individual difficulties add up to a program that was not managed according to Redirection guidelines. There, Project Redirection was never given a fair test. The Boston case is more complicated, but it, too, suggests a feasible program model. First, the fact that the program was implemented at this site for a period of more than two years speaks well for the feasibility of the model. Second, Boston retained the essential elements of Project Redirection -- the community woman component, the Individual Participant Plan and a comprehensive service delivery system -- even after the site's relationship with the demonstration had ended, and it was operating on its own. This suggests that, in the site's judgment, the Project Redirection program model was basically sound.

A major factor in the loss of the Boston site was that, throughout most of the demonstration, there were fairly sharp differences between MDRC and key Boston staff on how best to serve young pregnant and parenting teens. Many of the differences centered on the demonstration requirement that enrollees be given an educational placement as soon as possible after enrollment. It was MDRC's contention that the Boston program did not make adequate demands upon its teens in this area. Over the course of the demonstration, Boston placed only 50 percent of its enrollees into educational activities, compared to 70 percent in Riverside, 76 percent in Harlem and 96 percent in Phoenix.

Boston staff, on the other hand, argued that they had a particularly difficult population -- one whose members were younger on average than other Project Redirection participants, and ones with significantly more difficulties because of their limited fluency in English. Many teens also also had severe housing problems. Moreover, Boston contended, adequate

attention had to be paid to the fact that these unusually young enrollees needed the nurturing and support that were often lacking in their home environments. Boston insisted that these crises had to be stabilized before other requirements were met.

This debate continued throughout 1982, with MDRC continuing to stress the program's guidelines and Boston maintaining its position, even as the site attempted to respond to MDRC. Over this period, the Boston site had developed into a mature program, staff having gained confidence both in their ability to manage the program and in their judgment on what was best for their subset of the Project Redirection target population. At the end of 1982, after two and one-half years in the demonstration, it was simply time for Boston to bring that phase to a close, and enter another in which it alone would be responsible for decisions on how the program would be run.

APPENDIX E

SAMPLE INDIVIDUAL PARTICIPANT PLAN

The following two forms, developed and used at the Riverside site, exemplify Individual Participant Plans used in the program. The first is the full plan signed by participants; the second, a monthly working form.

PROJECT REDIRECTION

Individual Participant Plan

I. Background Information

A. PARTICIPANT INFORMATION

Name:_____ P NO:_____

Address:_____ Zip Code:_____

_____ Age at Entry:_____

Telephone No:_____ Date of Entry:_____

Status at Entry:_____

Marital Status:_____

B. ASSIGNED COMMUNITY WOMAN INFORMATION

Name:_____ C NO:_____

Address:_____ Zip Code:_____

_____

Telephone No.:_____

C. DESCRIPTION OF PARTICIPANT'S NEEDS:

1)_____

2)_____

3)_____

4)_____

D. PARTICIPANT'S GOALS:

1)_____

2)_____

3)_____

4)_____

E. PARTICIPATION PLAN:

1. School Component

A. GED_____ (starting date):_____

B. Public School_____ (starting date):_____

name

C. Alternative School_____ (starting date):_____

name

D. Other_____

E. Assistance with school offered by Community Woman:

_____

type of involvement

II. Employability Component

A. Introductory Employment Seminars offered by Project Redirection:

_____

_____

_____

B. Advanced Employment Seminars offered by Project Redirection:

_____

_____

_____

C. Referral to Vocational Counseling Program:

_____ (starting date):_____

name of program

D. Referral to Job Training Program:

_____ (starting date):_____

name of program

E. Assistance offered by Community Woman:

_____

_____

_____

III. Employment Component

A. Part-time employment obtained:

_____ (starting date):_____
name of employer

B. Full-time employment obtained:

_____ (starting date):_____
name of employer

C. Assistance offered by Community Woman:

_____
type of involvement

IV. Life Management Services

A. Introductory Parent Education Workshops offered by Project Redirection:

_____

_____

_____

B. Parent Education courses offered through school system:

_____ (starting date):_____
name of school

C. Referral to Family Planning Clinics:

_____(starting date):_____
name of clinic

D. Nutrition information offered by school:

_____ (starting date):_____
name of school

E. Nutrition information offered by local community program (WIC):

_____ (starting date):_____
name of program

F. Nutrition information offered by Community Woman:

_____ (starting date):_____
No. of meetings

G. Other areas of assistance by Community Woman:

_____
type of involvement

V. Clinic Visits

A. Referral of medical care services for mother:

_____ (starting date):_____
clinic name

B. Referral of medical care services for child:

_____ (starting date):_____

C. Assistance from Community Woman:

_____
type of involvement

VI. Peer Support Meetings

A. Attendance of PR Peer Support Meetings:

_____
date/time date/time date/time

_____
date/time date/time date/time

B. Assistance from community woman:

_____
type of involvement

VII. Community Woman Component

A. Meetings with Community Woman:

(starting date):

_____
(at least 5 hrs/week)

_____

VIII. Duration of Program Services

6 months_____ 18 months_____

1 year _____ 2 years+_____

ATTESTMENT

I,_____ have participated in the development of the above IPP, and understand its contents. I also agree to follow the participation plans in each category of service with the understanding that the payment of my $30.00 monthly stipend is based on satisfactory progress and participation. I also understand, however, that the plan may be revised where necessary as agreed by myself and my service team at our monthly reviews of my progress.

Signed_____ Date:_____

Supporting signatures:

CW:_____ Date:_____

Social Worker:_____ Date:_____

C/W Coordinator:_____ Date:_____

MONTHLY TEEN IPP AGREEMENT

Name: _____

In order to fulfill my IPP plan, I will do the following for the month of _____

I am attending: (Please circle one)

SCHOOL	TRAINING	EMPLOYMENT
a. Esperanza	a. ROP	a. CETA
b. Lincoln	b. Other	b. Full-Time
c. Myra Lynn	Specify:	c. Part-Time
d. High School:_____	_____	Place of Employment
e. Other:_____		_____

Please list and give dates of workshops; one life management and one vocational workshop is required.

_____/_____/_____/_____

_____/_____/_____/_____

Workshop / Topic / Date / C/W Verification

List appointments for this month (doctor, WIC, YWCA classes, etc.) These must appear on your time sheet with a verifying signature in order to be paid for them.

_____/_____/_____/

_____/_____/_____/

_____/_____/_____/

Location / Type / Date

Plans with my community woman:_____

_____

Other information or problems I need to report: (change in living arrangements, school, address or telephone change, etc.)_____

_____

I am currently using birth control:

Yes: _____ Type:_____

No: _____ Explanation or plan: _____

_____

I must follow through with the plan described above. All activities must appear on my time sheet with verifying signatures in order to qualify for a stipend. I know that two workshops are required but I am welcomed to all program activities. I also agree to cooperate with my assigned community woman and call her regarding any change of plans in my activities.

PARTICIPANT SIGNATURE: _____ DATE: _____

COMMUNITY WOMAN SIGNATURE: _____ DATE: _____

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MANPOWER DEMONSTRATION
RESEARCH CORPORATION

Three Park Avenue
New York, New York 10016

MDRC